



2015 COMMUNITY HEALTH ASSESSMENT (CHA)



MANATEE COUNTY, FLORIDA ■ DECEMBER 2015

Prepared by Prevention and Wellness Committee of the Manatee Health Care Alliance, with support by the Florida Department of Health in Manatee County

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ACKNOWLEDGMENTS

Federal Support & Disclaimer

Facilitation of the community health assessment process by the Florida Department of Health in Manatee County (DOH-Manatee) was supported in part by a Preventive Health and Health Services Block Grant (PHHSBG/CIP), funded by the Centers for Disease Control and Prevention. The contents of this report are solely the responsibility of the author and do not necessarily represent the official views of the Florida Department of Health, the Centers for Disease Control and Prevention, or the Department of Health and Human Services.

Community Partners

Community ownership and broad participation are key components of effective community health assessment (CHA) and community health improvement planning (CHIP). The Prevention and Wellness Committee of the Manatee Health Care Alliance would like to acknowledge and thank the many community partners who contributed time and resources to the 2015 Community Health Assessment in Manatee County. Their organizational affiliations are listed below.

American Association of University Women
Blake Medical Center
Centerstone of Florida (formerly Manatee Glens)
Children's Movement of Florida
Democratic Executive Committee
Democratic Women's Club
Early Learning Coalition Manatee
Eternity Temple
Florida Blue
Florida Department of Health in Manatee County (DOH-Manatee)
Florida RAM
Gulfcoast Legal Services
Gulfcoast South Area Health Education Center
Health Council of West Central Florida
Healthy Longevity
Healthy Start Coalition of Manatee County
Healthy Teens Coalition
Hope Family Services
Jewish Family & Children's Service
J.O.Y. Fellowship
Josh Provides Epilepsy Assistance Foundation
League of Women Voters of Manatee County
Loving Hands Ministry
Manasota Health

Manatee Chamber of Commerce
Manatee Chamber of Commerce, Health Care Committee
Manatee Community Action Agency
Manatee County Emergency Management
Manatee County Housing Authority
Manatee County NAACP
Manatee County Government, Library Division
Manatee County Government, Neighborhood Services
Manatee County Medical Society
Manatee County Ministerial Association
Manatee County Rural Health Services
Manatee County Substance Abuse & Prevention Coalition
Manatee County Utilities Department
Manatee Diagnostics
Manatee Memorial Hospital
Manatee/Sarasota Democratic Black Caucus
Manatee YMCA
Residents of Westminster & De Soto Towers Retirement Communities
School District of Manatee County
School District of Manatee, Migrant Full Service School Title I
Sarasota/Manatee/Charlotte American Heart Association
Sedgeman Consulting LLC
State College of Florida
The New American Health Experience
Students Working Against Tobacco (SWAT)
Tabernaculo Biblico Bautista
Tobacco Free Manatee
Turning Points of Manatee County
UF/IFAS Manatee County Extension
United Way of Manatee County
Whole Child Manatee
University of South Florida
Women, Infants & Children (WIC) Program, Manatee County

Special thanks are due to the community partners who served as MAPP Assessment Subcommittee chairs:

- Chair of the Community Themes and Strengths (CTS) Assessment Subcommittee and the Community Health Status Assessment (CSA) Subcommittee: Joseph Hwang, Manatee Memorial Hospital.
- Chair of the Forces of Change (FoC) Assessment Subcommittee: Suzanne Dickie, League of Women Voters of Manatee County.
- Chair of the Local Public Health System (LPHS) Assessment Subcommittee: Lynn Ryan, Florida Blue.

SUMMARY

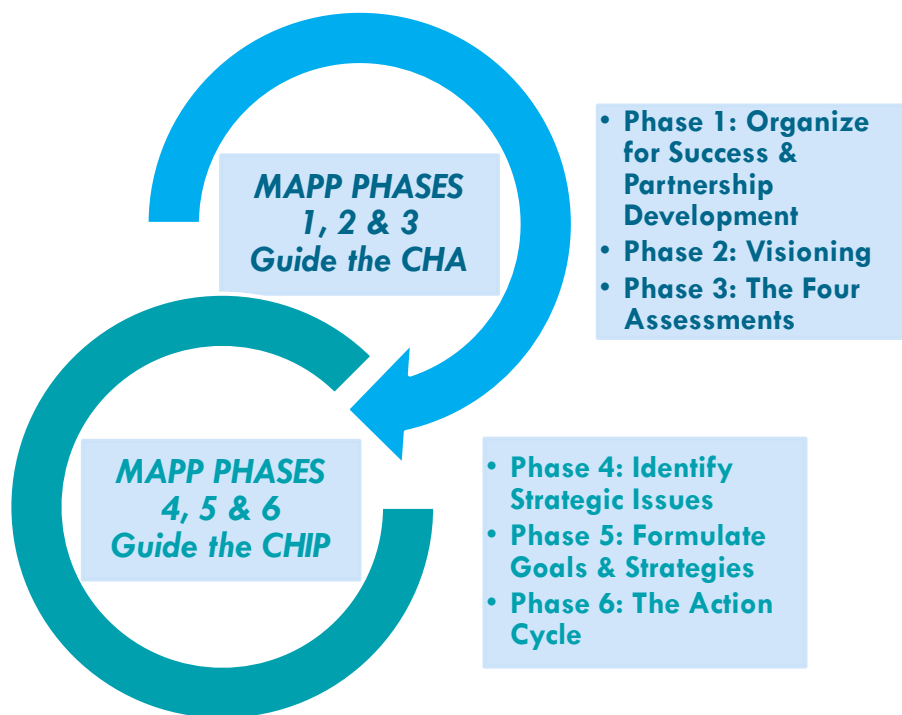
INTRODUCTION

A community health assessment (CHA) is used to learn about the community: the health of the population, contributing factors to higher health risks or poorer health outcomes of identified populations, and community resources available to improve health status. CHAs describe the health of the population, point out areas for health improvement, identify contributing factors that impact health outcomes, and reveal community assets and resources that can be mobilized to improve population health. A CHA is a collaborative process of collecting and analyzing information for use in educating and mobilizing communities, developing priorities, garnering resources or using resources in different ways, adopting or revising policies, and planning actions to improve community health. A CHA is the basis for developing a community health improvement plan (CHIP).

THE 2015 MANATEE CHA & CHIP

Starting in January 2015 more than 50 community partners, affiliated with dozens of community organizations, were recruited and engaged as active participants in developing the 2015 Manatee CHA. To guide the process, a nationally-recognized strategic planning framework for community health assessment and improvement planning was selected: *Mobilizing for Action through Planning and Partnership* (MAPP). A guiding theme of MAPP is that “Improving Health Requires Partners.” MAPP provides a framework to bring together all the different organizations, groups, and individuals that comprise the local public health system. The MAPP process defines a series of six sequential phases. As Figure 1 below shows, Phases 1 to 3 guide the CHA process; and Phases 4 to 6 guide the CHIP process.

Figure 1: The Six Phases of the MAPP Process



The 2015 Manatee CHA was completed in the first half of 2015. Volunteers were recruited to form subcommittees for the Four Assessments defined in MAPP Phase 3:

- 1) The Local Public Health System Assessment (LPHS Assessment).
- 2) The Forces of Change Assessment (FoC Assessment).
- 3) The Community Themes and Strengths Assessment (CTS Assessment).
- 4) The Community Health Status Assessment (CHS Assessment).

The subcommittees reviewed published data and collected new data. Data were collected by means of a Community Partners Survey; a county-wide Community Health Survey; and Community Interviews. Outreach by a team of community health specialists helped ensure participation in underserved communities. The 2015 Manatee CHA drew input from more than 1,500 residents, community partners, local public health system experts, and other community members, representing a wide range of geographic, socio-demographic, and community groups. This brought a diversity of points of view to the 2015 CHA. Starting in mid-2015 a CHA results summary was shared in a series of presentations at community meetings, and input was invited. The CHA results summary was also shared by email with more than 100 community partners.

To address issues identified in the CHA, a CHIP for Manatee County was completed in the second half of 2015. Like the CHA, the 2015 CHIP process in Manatee County emphasized community engagement and partnerships. Community members and organizations were recruited and engaged as active participants in identifying and prioritizing strategic issues. Then CHIP subcommittees were formed to address key strategic issues. These subcommittees have developed a Manatee County Community Scorecard with goals, objectives, activities, short and long-term outcomes to address each strategic issue. The resulting 2015-2020 Manatee CHIP is presented in a separate report ([MHCA 2015](#)).

THE 2015 MANATEE CHA: SUMMARY OF KEY FINDINGS

The remainder of this Summary gives an overview of key 2015 CHA findings in each of the four MAPP Assessments.

THE LPHS ASSESSMENT: KEY FINDINGS

The Local Public Health System (LPHS) Assessment invites input from local experts to evaluate how well the 10 Essential Public Health Services are being provided in the community. The 10 Essential Public Health Services (NPHPS 2015) are services that all communities should strive to provide, namely:

- **ES 1:** Monitor health status to identify and solve community health problems.
- **ES 2:** Diagnose and investigate health problems and health hazards in the community.
- **ES 3:** Inform, educate, and empower people about health issues.
- **ES 4:** Mobilize community partnerships and action to identify and solve health problems.
- **ES 5:** Develop policies and plans that support individual and community health efforts.
- **ES 6:** Enforce laws and regulations that protect health and ensure safety.
- **ES 7:** Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
- **ES 8:** Assure competent public and personal health care workforce.
- **ES 9:** Evaluate effectiveness, accessibility, quality of personal and population-based health services.
- **ES 10:** Research for new insights and innovative solutions to health problems.

The LPHS Assessment for the 2015 Manatee CHA drew input from more than two dozen local public health system experts. These experts provided consensus ratings on how well Essential Public Health Services are delivered in Manatee County in 30 Model Standard Domains. The LPHS Assessment identified key strengths and areas for improvement as follows:

Strengths of the Local Public Health System

The LPHS Assessment showed optimal delivery of three Essential Public Health Services in Manatee County:

- **ES 2:** Diagnose & Investigate.
- **ES 3:** Educate & Empower.
- **ES 5:** Develop Policies & Plans.

The assessment also revealed optimal service delivery in eight Model Standard Domains:

- Community Health Assessment.
- Identification & Surveillance.
- Emergency Response.
- Laboratories.
- Health Communication.
- Risk Communication.
- Governmental Presence.
- Emergency Plan.

Areas for Improvement of the Local Public Health System

The LPHS Assessment suggested areas for improvement in the delivery of four Essential Public Health Services in Manatee County:

- **ES 7:** Link to Services.
- **ES 8:** Assure Workforce.
- **ES 9:** Evaluate Services.
- **ES 10:** Research & Innovation.

The assessment also revealed areas for improvement of service delivery in the following Model Standard Domains:

- Current Technology.
- Health Education & Promotion.
- Community Partnerships.
- Review Laws.
- Personal Health Services.
- Linkage to Health Services.
- Workforce Assessment.
- Continuing Education.
- Leadership Development.
- Evaluation of Population, Personal Health & Local Public Health System.
- Fostering of Innovation.
- Research Capacity.

More detailed information on methods and results of the LPHS Assessment can be found later in this report, starting on p. 33.

THE FoC ASSESSMENT: KEY FINDINGS

The goal of the Forces of Change (FoC) Assessment is to identify forces that can affect the health of the community. These forces may include trends, factors, or events that either operate in the present or are expected in the future. The FoC Assessment answers questions such as: “What is occurring, or might occur, that affects the health of the community?” and “What specific threats and opportunities are generated by these occurrences?” The FoC Assessment Subcommittee organized brainstorming and review sessions to identify important forces of change, as well as threats and opportunities posed by these forces. Key findings are summarized in the table below. More detailed information on methods and results of the FoC Assessment can be found later in this report, starting on p. 37.

Key Opportunities & Threats Identified by the FoC Assessment Subcommittee	
Education	Manatee County needs an extensive education program, focused on healthy behaviors and on the availability of a wide variety of healthcare services.
Expansion/Urbanization	Rapid expansion and development, expansion of faith communities, elimination of farmland, and insufficient health care personnel for expanding census are factors with opportunities and threats to the health of Manatee County.
Healthcare Resources	Manatee County has an extensive healthcare system serving a wide diversity of physical and mental health needs.
Healthy Behavior	Since the adoption of the ACA, many Americans have been able to obtain healthcare; however, there must be a focus on healthy behavior (exercise and diet).
Homelessness	There are strong services from local, state, and federal programs in place to meet these needs, but the programs need to be reliably funded and constantly reviewed for improvement.
Mental Health	Diagnosis, treatment, and funding for mental illness are critical for the improvement of mental health in Manatee County.
Technology	We live in an age of rapidly increasing technological access to information and communication related to health and health care resources.
Transportation	Manatee County's current transportation system can affect access to healthcare for some of its residents.

THE CTS ASSESSMENT: KEY FINDINGS

The Community Themes and Strengths (CTS) Assessment evaluates community members' thoughts, experiences, opinions, and concerns. It answers questions such as:

- How is quality of life perceived in the community?
- What is important to the community?
- What assets does the community have to improve community health?

The CTS Assessment stresses broad representation of different segments of the community, especially those who are disproportionately affected by poor health outcomes. The CTS Assessment Subcommittee reviewed existing data, as well as new survey data that were collected for the 2015 CHA. The CTS data review provided information on community themes and strengths in four areas: (i) **Quality of Life**; (ii) **Satisfaction with Health Care**; (iii) **Health Priorities & Concerns**; and (iv) **Community Strengths and Assets**.

Key community themes that were identified in the CTS Assessment include the following:

- Quality of Life.
- Dissatisfaction with Health Care.
- Mental Health & Substance Abuse.
- Access to Health Care.
- Disparities in Quality of Life & Health Care.

- Primary & Preventive Health Care.
- Chronic Diseases.
- Education & Outreach.
- Healthy Food, Exercise & Obesity.
- Healthy Environments.
- Need for Affordable Housing; Homelessness.
- Violence.
- Teen Pregnancy.
- Education & Jobs.
- Health Needs of Children & Elderly Residents.

Key community strengths identified in the CTS Assessment include:




- Natural Surroundings & Climate.
- Parks, Preserves, Trails.
- Large Employers.
- Strong Health Infrastructure.
- Committed Health Providers & Community Advocates.
- Engaged County Government and Health Department.
- Collaboration between Community Partners.
- Non-Profit Agencies & Organizations Providing Health Care Services to the Community.
- Faith-Based Organizations Providing Services to Underserved Communities.
- Retirees as a Source of Medical Expertise and Volunteer Service.





More detailed information on methods and results of the CTS Assessment can be found later in this report, starting on p. 42.







THE CHS ASSESSMENT: KEY FINDINGS



The objective of the Community Health Status (CHS) Assessment is to evaluate the health status of the community. This is done by gathering and reviewing quantitative information on health, quality of life, and risk factors. The CHS Assessment Subcommittee identified and reviewed existing sources of data on community health status, as well as new survey data collected for the 2015 CHA.

















Health status was reviewed in six domains: (i) **Overall Community Health Status**; (ii) **Causes of Death and Chronic Disease**; (iii) **Communicable Diseases**; (iv) **Health Across the Lifespan**; (v) **Mental and Behavioral Health**; and (vi) **Environmental and Social Determinants of Health**. Key findings in each domain are summarized in the tables below. Green checkmarks highlight areas where data for Manatee County are favorable (for instance, compared to state or Peer County rates, or to targets set by the Healthy People 2020 initiative of the US Department of Health and Human Services, www.healthypeople.gov). A magnifying glass marks areas in need of special attention or improvement. More detailed information on each CHS topic can be found later in this 2015 CHA report, starting on the page numbers indicated in the table headings.











OVERALL COMMUNITY HEALTH STATUS – 2015 COUNTY HEALTH RANKINGS (p. 49)	
	Manatee County ranks near the median of its Peer County Group in the 2015 County Health Rankings.
	Between 2013 and 2015 Manatee's County Health Ranking improved on Health Factors (rising from 23 rd to 20 th) and Quality of Life (rising from 14 th to 12 th).
	Between 2013 and 2015 Manatee's County Health Ranking declined on Health Outcomes (falling from 21 st to 23 rd) and Length of Life (falling from 25 th to 31 st).
Source: 2015 County Health Rankings. www.countyhealthrankings.org	









OVERALL COMMUNITY HEALTH STATUS – ALL-CAUSE DEATH RATE (p. 50)	
	Manatee County's all-cause death rate is lower than the state rate; it is currently in the most favorable quartile of Florida counties.
	Manatee County's all-cause death rate is relatively low in 6 population groups (compared to statewide death rates in these groups): males; females; Whites; Hispanics; children; and those aged over 65 years.
	In contrast, for three population groups death rates are unfavorably high in Manatee County (compared to statewide death rates in these groups): Blacks; those aged 18-45 years; and those aged 46-65 years.
	Manatee County has an unfavorably high all-cause YPLL compared to the Peer Counties and the state. YPLL, or "years of potential life lost," is an indicator of disease burden that takes into account both the number of lives lost to a disease and the age at which life is lost.
Source: Florida CHARTS (Age-adjusted, 3-year rolling rates, 2012-2014).	










OVERALL COMMUNITY HEALTH STATUS – SURVEY RESULTS (p. 51)	
<i>"How Healthy Is the Manatee County Community?"</i>	
	17% of respondents saw the community as healthy.
	The other 83% of respondents were split fairly evenly between seeing the community as unhealthy, and expressing a neutral view of the community's health.
	The community was perceived as "Healthy" or "Very Healthy" more often by male respondents; by those over age 65; and by those with less than a high school education.
	The community was more often viewed as "Unhealthy" or "Very Unhealthy" by Black and Hispanic respondents, and by younger adults (ages 26-45 years).
<i>"How Healthy Are You?"</i>	
	69% to 78% of Manatee County community members perceive themselves as healthy.
	Self-rated health in Manatee County tends to be relatively low among Hispanic residents, and among those at lower levels of income and education.
Source: 2015 CHA Community Health Survey & Community Interviews; 2013 BRFSS Survey.	















MAJOR CAUSES OF DEATH – GENERAL TRENDS (p. 53)	
	Heart disease is the #1 cause of death in Manatee County and nationwide, whereas cancer is the #1 cause of death in Florida as a whole.
	Compared to Florida, Manatee County has relatively low rates of death from 6 major causes: cancer; chronic lower respiratory disease; stroke; diabetes mellitus; Alzheimer's disease; and pneumonia/influenza.
Source: Florida CHARTS (Age-adjusted, 3-year rolling rates, 2012-2014).	













MAJOR CAUSES OF DEATH	
<i>Heart Disease (p. 54)</i>	
	Consistent with national trends, the heart disease death rate in Manatee County and statewide has trended downward since 2004, decreasing by about 25%.
	The downward trend in heart disease deaths in Manatee County is evident across different gender, racial, and ethnic groups.
	The heart disease death rate is higher for men than for women, both in Manatee County and in Florida as a whole.
	In Manatee County, the heart disease death rate is higher for Blacks compared with Whites, and lowest for Hispanics. These racial and ethnic differences are more pronounced in Manatee County compared to Florida as a whole.
<i>Cancer (p. 56)</i>	
	Consistent with national trends, the cancer death rate in Manatee County and statewide has trended downward since 2004, decreasing by more than 10%.
	Decreasing cancer death rates in Manatee County are evident across most gender, racial, and ethnic groups.
	The cancer death rate is higher for men than for women, both in Manatee County and in Florida as a whole.
	In Manatee County and in Florida as a whole, the cancer death rate is higher for Whites and Blacks; this compares with a lower cancer death rate for Hispanics.
	Manatee County currently meets Healthy People 2020 national targets for death rates from lung cancer, breast cancer, prostate cancer, and colorectal cancer.
	Manatee County has falling incidence and death rates due to lung cancer and prostate cancer.
	Manatee County has higher melanoma incidence, and a similar melanoma death rate, compared to Florida as a whole. Melanoma incidence is rising both in Manatee County and in Florida. Manatee County does not currently meet the Healthy People 2020 national target for the melanoma death rate
<i>Stroke (p. 64)</i>	
	In Manatee County stroke is a leading cause of death, though the overall trend is downward. Current stroke incidence and death rates are lower in Manatee County than in Florida. Manatee County currently meets the Healthy People 2020 national target for deaths due to stroke.
	The stroke death rate is higher for Blacks than for Whites in Florida as a whole, and this disparity is even larger in Manatee County.
<i>Diabetes (p. 66)</i>	
	In Manatee County the diabetes death rate is 40% lower than the state rate.
	Manatee County's relatively low diabetes death rate is seen across different population groups.
	The diabetes death rate is relatively high for males, Blacks, and those aged over 65, both in Manatee County and in Florida as a whole.
Source: Florida CHARTS (Age-adjusted, 3-year rolling rates, for the periods 2002-2004 to 2012-2014).	

MAJOR CAUSES OF DEATH	
<i>Unintentional Injuries (p. 60)</i>	
	In Manatee County unintentional injuries are a major cause of death. The county's death rate from unintentional injuries is higher the state rate. Manatee County does not currently meet the Healthy People 2020 national target for deaths due to unintentional injuries.
	Unintentional injury death rates have been increasing over the past decade, both in Manatee County and Florida. This contrasts with national rates, which have remained within a lower and more stable range.
<i>Unintentional Poisoning (including drug overdose) (p. 61)</i>	
	Unintentional poisoning includes overdose of prescription or nonprescription drugs and is the most frequent cause of unintentional injury death in Florida. Since 1996 the death rate from unintentional poisoning has risen in Manatee County, from near zero levels to an all-time high in 2014. Manatee County's 2014 single-year rate is the highest of any county in Florida; in the same year the state rate was more than 50% lower. This disproportionately large unintentional poisoning death rate in Manatee County applies across gender, age, racial, and ethnic groups.
	Both in Manatee County and in Florida as a whole, unintentional poisoning death rates are disproportionately high for males, Whites, and those aged younger than 65 years.
<i>Suicide (p. 65)</i>	
	In Manatee County the suicide death rate exceeds the state rate and contributes substantially to YPLL. Manatee County has not met the Healthy People 2020 target for suicide death rates.
	Both in Manatee County and in Florida, suicide rates are relatively high for White individuals.
	Compared to Florida, Manatee County has a relatively high suicide rate among males and Blacks, and in the under-65 age group.
<i>Homicide (p. 70)</i>	
	The death rate from homicide has shown an upward trend over the past decade in Manatee County, compared to a more stable state rate. Manatee County's current homicide death rate is the 9 th highest among Florida counties, more than 33% higher than the state rate.
	Homicide deaths are disproportionately high in Manatee County among males, Blacks, and Hispanics, compared to statewide homicide death rates in these groups.
	Recent data show 84% of homicides in Manatee County are caused by firearm discharge, compared to 73% in Florida and 69% nationally.
Source: Florida CHARTS (Age-adjusted, 3-year rolling rates, for the periods 2002-2004 to 2012-2014; single-year rates for 2014; CDC 2015).	

COMMUNICABLE DISEASES	
Vaccine-Preventable Diseases (p. 71)	
	Manatee County shows relatively high rates of pertussis, Hepatitis B, and meningococcal disease, compared to Florida as a whole.
HIV/AIDS (p. 73)	
	Since 2004 the HIV/AIDS death rate shows a mainly downward trend, both in the Manatee County and statewide. Throughout this period the HIV/AIDS death rate in Manatee County has been lower than the state rate by a margin of 20% to 50%, although rates in Manatee County have increased somewhat since 2012.
	The Black population bears the most severe burden of HIV/AIDS in Manatee County and in Florida: Blacks in Manatee County and in Florida die of HIV/AIDS at 7 to 12 times the rate for Whites and Hispanics. This racial/ethnic disparity in the HIV/AIDS death rate is even larger in Manatee County than in Florida as a whole
	Since 2004 HIV cases show an overall downward trend both in Manatee County and in Florida, although there has been a slight increase since 2012. The (single-year) 2014 HIV case rate in Manatee County is more than 30% lower than the state rate; and the county's rate of AIDS cases is about 50% lower than the state rate.
Sexually Transmitted Infections (STIs) (p. 75)	
	Recent data show fewer infectious syphilis cases in Manatee County compared to Florida.
	Cases of bacterial STIs among females 15-34 years are rising in Manatee County; in 2014 this rate was 24% higher than the state rate.
	The rate of gonorrhea cases in Manatee County is in the least favorable quartile of Florida counties. Among females aged 15-19 years, the gonorrhea rate is 19% higher in Manatee County than statewide.
	Since 2004 chlamydia cases have been rising both in Manatee County and in Florida. Among females aged 15-19 years in Manatee County, the chlamydia rate is 18% higher than the state rate.
Source: Florida Department of Health, Division of Disease Control, 3-year rolling rates for 2002-2004 to 2012-2014; single-year rates for 2014 (Florida CHARTS).	

HEALTH ACROSS THE LIFESPAN	
<i>Maternal & Child Health (p. 77)</i>	
	Rates of births and repeat births to teen mothers in Manatee County have been higher than statewide rates throughout the 2004-2014 period, although the gap has narrowed somewhat in recent years.
	Births and repeat births to teen mothers (aged 15 to 19 years) show a downward trend since 2004, both in Manatee County and in Florida as a whole.
	Maternal and child health indicators for Manatee County show several areas of relative strength compared to the state: relatively low rates of low-birth-weight and premature births, neonatal deaths, and unintentional injury deaths in the 1- to 5-year-old age group; and relatively high child immunization rates. Almost all maternal and child health indicators that were reviewed show improvement in Manatee County from 2011 to 2014.
	Maternal and child health indicators for Manatee County point to the following areas for improvement compared to state rates: births with an inter-pregnancy interval less than 18 months, births to overweight mothers, prenatal care, breastfeeding initiation, post-neonatal and SUID deaths, and overweight or obese WIC children under 2 years of age.
<i>Early & Middle Adulthood (p. 78)</i>	
	Lack of affordable housing in Manatee County was a common theme expressed in various community surveys reviewed for the 2015 CHA; the issue appears to be especially salient for young adults.
	Lack of health insurance coverage is also an important concern for residents in early and middle adulthood. High rates of uninsured and underinsured persons are observed between the ages of 19 and 64 years, with the highest uninsured rates found for young adults aged 19 to 25 years.
	Manatee County's relatively high YPLL – together with its relatively low age-adjusted all-cause death rate – suggests that its residents in early and middle adulthood bear a disproportionately large burden of disease and mortality. (YPLL refers to years of potential life lost, an indicator of disease burden that takes into account both the number of lives lost and the number of years of life lost before age 75.)
<i>Elder Populations (p. 78)</i>	
	Many Manatee County residents over age 65 are classified as medically underserved. These and other elder county residents may face interrelated health and social challenges due to poverty, low income, lack of mobility, responsibilities for children or grandchildren, social isolation, and challenges related to cognitive function, memory, vision, hearing, and other disabilities.
	Manatee County's elder residents would benefit from increased resources and providers specialized in health issues facing older population groups.
Source: Florida CHARTS Maternal and Child Health Profile, updated where possible with 2014 data (data are age-adjusted, 3-year rolling rates, rates for 2002-2004 to 2012-2014); American Community Survey (ACS 2014).	

MENTAL & BEHAVIORAL HEALTH	
<i>Mental Health & Mental Illness (p. 82)</i>	
	Survey data suggest that Manatee County adults view their own mental health more positively than do adults statewide
	More adults in Manatee County have been told (ever) that they have a depressive disorder (21%), compared to adults statewide (17%).
	Since 2008 the suicide death rate in Manatee County has exceeded the state average; in 2014 the suicide rate in Manatee County was 25% higher than the state rate.
<i>Drug & Alcohol Abuse (p. 83)</i>	
	In 2014 Manatee County had the highest (single-year) unintentional poisoning death rate of any Florida county. Unintentional poisoning includes drug overdose (prescription or non-prescription); it is the most frequent cause of unintentional injury death in Florida.
	In 2014 Manatee County was the only county in Florida with: cocaine death occurrences above 15 per 100,000; heroin death occurrences above 10 per 100,000; and fentanyl death occurrences above 10 per 100,000. And Manatee County was one of two Florida counties with morphine death occurrences above 15 per 100,000.
	Fewer adults report binge drinking in Manatee County compared to Florida as a whole. Binge drinking by Manatee County adults also shows a downward trend, from 19% in 2010 to 14% in 2013. Compared to state averages, binge drinking is less common in Manatee County among men, Hispanic adults, and at higher levels of income; and binge drinking is most common in the 18- to 44-year-old age group.
	Over the past decade alcohol-related motor vehicle crash deaths show a downward trend both in Manatee County and in Florida as a whole.
	Alcohol-related motor vehicle crash injury and death rates are higher in Manatee County than in Florida as a whole.
<i>Tobacco Use (p. 85)</i>	
	Self-reported smoking is higher among adults in Manatee County than in Florida. Smoking rates are particularly high in Manatee County among men, adults aged 18 to 64, and those with the lowest incomes. Adult smoking in Manatee County also appears to be on the rise from 2007 to 2013; during the same period the state rate decreased.
	Manatee County has not yet met the Healthy People 2020 national target of reducing cigarette smoking by adults to a rate of 12%.
<i>Youth Substance Abuse (p. 85)</i>	
	In a 2014 survey youth in Manatee County reported less substance use in most categories, compared to youth statewide. From 2004 to 2014 Manatee County youth show a downward trend in most substance use categories.
	Relatively few Manatee County youth report alcohol use and binge drinking, compared to youth in Florida as a whole.
	Similar numbers of youth smoke cigarettes in Manatee County and statewide; and smoking by youth in Manatee County has declined since 2004. Manatee County currently meets the Healthy People 2020 national target for adolescent cigarette smoking rates.
	Manatee youth more frequently report using smokeless tobacco and electronic cigarettes, compared to youth statewide.
Source: 2013 BRFSS Survey; Florida CHARTS (age-adjusted, 3-year rolling rates, 2012-2014); single-year rates for 2014; FDLE/MEC 2015; FYSA & FYTS 2004-2014.	

ENVIRONMENTAL & SOCIAL DETERMINANTS OF HEALTH	
<i>Built Environment (p. 87)</i>	
	<p>Residents in Manatee County – compared to Florida as a whole – more often:</p> <ul style="list-style-type: none"> • Lack healthy food sources within walking distance. • Lack off-street trail systems within walking distance. • Live in housing units built in 1950-1979 (when lead paints were common). • Have vacant housing units in their neighborhoods. • Lack opportunities to walk to work & use public transportation to get to work.
<i>Environmental Health (p. 87)</i>	
	<p>Residents in Manatee County – compared to Florida as a whole – more often:</p> <ul style="list-style-type: none"> • Have fatal accidents while using public roads as a pedestrian or bicyclist. • Have work-related injuries leading to an ED visit or hospitalization. • Require heat-related ED visits or hospitalization during the summer months. • Develop a reportable Salmonellosis infection. • Visit a hospital emergency department for a dog bite. • Have suffered an asthma attack in the past year (youth only).
<i>Healthy Weight, Nutrition & Exercise (p. 90)</i>	
	Recognized as a Healthy Weight Community Champion in 2014, Manatee County supports the Healthiest Weight Florida goal: to bend the weight curve by 5% by 2017.
	Manatee County compares favorably with the state average in several areas: lower rates of adult obesity and physical inactivity; and larger numbers of adults meeting aerobic recommendations and consuming at least 2 daily servings of fruit.
	Areas for improvement in Manatee County include: overweight and vegetable consumption among adults; and overweight, obesity, and physical activity among middle and high school students.
<i>Health Care Resources & Access (p. 91)</i>	
	Manatee County has a well-developed network of hospitals & healthcare facilities.
	Data suggest there are relatively few licensed physicians in Manatee County, especially pediatricians, dentists, and providers specialized in elder care issues.
	Survey data show there are fewer uninsured in Manatee County than in Florida; Manatee County's uninsured rate fell from 18.4% in 2013 to 15.2% in 2014.
	Lack of health insurance coverage is most common among Manatee County's 19- to 25-year-olds; for Blacks & Hispanics; and at lower levels of education & income. Survey data point to lack of insurance, cost, transportation, and difficulty getting an appointment as key barriers to health care for those at lower income levels.
	BRFSS survey data show the following for Manatee County (versus Florida): More adults aged 65+ received pneumonia vaccinations, but fewer had flu shots. Fewer adults aged 50+ had colonoscopy (past 5 years); fewer women had a Pap smear, and more women aged 40+ had a breast exam (past year). Adults with diabetes received more self-management education & foot exams, but fewer A1C tests.
	Since 2010 low-income dental access has declined & preventable hospitalizations for dental conditions (below age 65) have increased in Manatee County.
<i>Crime & Domestic Violence (p. 104)</i>	
	Manatee County's crime rates exceed state rates for larceny, domestic violence, burglary, aggravated assault, forcible sex offense, and murder.
Source: 2013 BRFSS Survey; Florida Div. of Law Enforcement. Florida CHARTS (Age-adjusted, 3-year rolling rates for 2002-2004 to 2012-2014; American Community Survey (ACS 2014); 2015 CHA Community Survey.	

INTRODUCTION

At the outset of this 2015 Community Health Assessment (2015 CHA) report it is useful to consider: What is health? What is community health? What is community health assessment?

- ☐ **Health** is widely agreed to be not just the absence of disease, but a state of complete physical, social, and mental well-being (WHO 1998).
- ☐ A mission of **community health** is to strengthen health efforts in towns, cities, counties, and tribal areas to prevent disease and promote healthy living, with the goal of making healthy living easier where people live, work, learn, and play (CDC 2015).
- ☐ **Community health assessment** is a systematic examination of the health status and resources of a community. Community health assessment is aimed at identifying key health problems and assets, to provide a sound basis for setting priorities and developing health improvement strategies (PHAB 2013).

Manatee Healthcare Alliance

A cornerstone of successful community health assessment and community health improvement planning is community engagement. This is because the health of a community depends on coordinated efforts involving many different organizations and individuals. Broad community participation and collaboration are vital to identifying community needs, resources, and priorities, and to developing effective and sustainable strategies to improve community health.

In Manatee County a solid foundation for collaborative community health assessment and improvement planning was established in 2010, with the formation of a community coalition of professionals and residents with an interest in health care. This coalition, the Manatee Healthcare Alliance, Inc. (MHCA), is a non-profit organization with the mission of “promoting and ensuring the health and well-being of Manatee County residents through fostering collaboration and partnerships, ensuring access to healthcare and promoting healthy behaviors.”

The organizational structure of the MHCA includes a Board of Directors and standing committees dedicated to strategic priorities (Figure 2). Currently there are two standing committees, the Healthcare Access Committee and the Prevention and Wellness Committee. The current MHCA membership is listed in Figure 3.

In 2010 the MHCA initiated a collaborative process of community health assessment with a summit devoted to review of county health data and visioning. The aim was to identify and prioritize key health challenges. This process was repeated in annual State of the County data reviews in 2011, 2012, 2013, and 2014. Challenges identified in the 2011-2013 data reviews are listed in Figure 4. Based on these annual reviews, priority issues were identified and a strategic plan was created to guide community health improvement planning initiatives through 2015 (MHCA 2013).

In late 2014 the Prevention and Wellness Committee accepted responsibility for steering a new community health assessment of Manatee County in 2015, with emphasis on community engagement. To guide the process, a widely recognized strategic planning framework for collaborative community health assessment and improvement planning was selected: “Mobilizing for Action through Planning and Partnerships,” or MAPP (NACCHO 2013). The Florida Department of Health in Manatee County (DOH-Manatee) facilitated the MAPP process and the compilation of this report.

This 2015 CHA report presents a community profile of Manatee County, followed by an overview of the MAPP framework as well as methods used, results, and key findings. A Community Health Improvement Plan (CHIP) for Manatee County, based on the 2015 CHA, is presented in a separate report ([MHCA 2015](#)).

Figure 2. Manatee Healthcare Alliance: Organizational Structure



Figure 3. Manatee Healthcare Alliance Membership

Angeloni	John	Lake Erie College of Osteopathic Medicine (LECOM)
Baden	Virginia	New Medicine Community
Bartz	Bob	Manatee Chamber of Commerce
Batey	Todd	Pinnacle Medical Group
Beard	Bert	Manatee Memorial Hospital
Bencie	Dr. Jennifer	Florida Department of Health in Manatee County (DOH-Manatee)
Bolbjerg	Monica	Qure4U
Boldjerg	Torsten	CYU Technology
Breitinger	Ann	Blalock/Walters
Brown	Michael	Magellan Complete Care
Brown	Phil	United Way of Manatee County
Bryant	Beverly	Zeta Phi Beta Sorority
Burns Anton	Emily	IVIR, Inc.
Bush	Beth	Josh Provides Epilepsy Assistance Foundation
Cacchiotti Sr.	Daniel	Myakka City Fire Control District
Cardillo	Christy	Shinn & Company
Chamberlain	Rita	Manatee County Substance Abuse Coalition
Christmann	Dr. Linda	Florida RAM
Carp	Dr. Jennifer	Career Edge
Clark	Dr. Andy	Manatee County Medical Society
Colgate	Dr. William	Rural Health
Conard	Dr. Richard	MTI East Campus
Corcuera	Luz	Florida Department of Health in Manatee County (DOH-Manatee)
Crutchfield	James	Manatee County Emergency Medical Services (EMS)
De Mello	Linda	University of South Florida Sarasota-Manatee
Dezelski	Jacki	Manatee Chamber of Commerce
DiCicco	Paul	Manatee County Emergency Medical Services (EMS)
Dickie	Suzanne	League of Women Voters
DiLallo	Kevin	Manatee Memorial Hospital
Diss	Amy	Med-Life Institute
Dutton	Tim	Suncoast Community Capital
Eavey	Mireya C.	CareerEdge
Espinal	Esther	Florida Blue
Evans	Jason	Manatee County Emergency Medical Services (EMS)
Fahy	Brittany	Suncoast Behavioral Health
Fleece	Jonathan	Blalock Walters, PA
Forman	Melissa	Suncoast Behavioral Health Center
Friedrich	Dan	Blake Medical Center
Fusco	Ray	Manatee County Rural Health
Gallen	Michael	Manatee Chamber of Commerce
Gass	Dane	Gulf Coast HIE
George	Robert	Lake Erie College of Osteopathic Medicine (LECOM)
Goodman	Bob	Manasota Health

Figure 3. Manatee Healthcare Alliance Membership (continued)

Goodman	Terri	Generations Health Partners
Graham	Davis	Manatee Diagnostic Center
Guyre	Andy	Manatee County Government
Haflich	Dr. Priscilla	Manatee Technical Institute
Hall	Steve	AllTrust
Hamilton	Brandy	Suncoast Behavioral Health Center
Hofferbert	Vicki	Tidewell
Horne	Linda	League of Women Voters
Hughes	Ken	CNK Realty
Hunzeker	Ed	Manatee County Government
Hwang	Joseph	Manatee Memorial Hospital
Jourdan	Megan	Florida Department of Health in Manatee County (DOH-Manatee)
Kence	Joyce	Zeta Phil Beta Sorority
Klain	David	
Kelly	Teresa	Health Council of West Central Florida
Kohlenberger	Dominique	Healthy Longevity
Knott	Kerry	Suncoast Behavioral Health Center/Palm Shores Behavioral Health Center
Kramer	Sharon	MCSAC
Landauer	Erin	UF/IFAS Manatee County Extension
Lazarez	Marc	
Lee	Amy	Blood Bank
Leedy	Dr. Stephen	Tidewell Hospice & Palliative Care
Legler	MaryAnn	Healthy Teens Coalition
Luh	Larry	Manatee County Government – EMS
Maholtz	Elaine	Manatee County Government
Meehan	Mike	Citizen
Mills	Napolean	NAACP
Miranda	Fermin	Cadence Bank
Myers	Huff	
Nebrija	Wendy	MCSAPC
Petrila	John	USF College of Public Health
Pierce	Jon	Career Edge
Powell-Stafford	Valerie	COO, Blake Hospital
Presha	Mickey	Manatee County Rural Health
Ramirez	Lisa	Healthy Start Coalition of Manatee County, Inc.
Ramsey	Carmen	Manatee Technical Institute
Rizzo	Bree	Florida Blue
Rogers	Brenda	Manatee County Government
Ruiz	Mary	Centerstone of Florida
Ryan	Lynn	Florida Blue
Sedgeman	Judith	Sedgeman Consulting LLC
Shinn	Garrett	Shinn & Company
Speir	Christina	Tidewell
Spirtas	Neil	Manatee Chamber of Commerce
Stalpes Gass	Jill	We Care Manatee
Stroud	Kim	Manatee County Government
Sullivan	Carmen	Kelly Healthcare
Tinsworth	Dr. Steve	Tinsworth Orthodontics
Erozer	Adell	Turning Points
Vale	Valerie	Manatee County Medical Society
Whitmore	Carol	Manatee County Commissioner
Wiggs-Stayner	Kathleen	All Children's Hospital
Wilkinson	Julie	Associate Dean for the Pharmacy School, LECOM
Windon	Karen	Manatee County Government
Wolfson	Dan	Manatee County Clerk of Court
Wright	Patrick	Bouchard Insurance
Vobroucek	Judy	Discount Med Direct
Zdravecky	Barbara	Planned Parenthood of SW and Central Florida
Zec	Nick	Boyd Insurance & Investments
Zeppi	Kirk	Family Creations

Figure 4. Health Challenges in Manatee County: 2010-2013

2010 Challenges	2011 Challenges	2012 Challenges	2013 Challenges
<ul style="list-style-type: none"> Licensed Physicians Alcohol-Related Vehicle Crashes Unemployment Rate Medically Uninsured Physical Activity Cancer Hypertension Coronary Heart Disease Adults with Asthma "Pill Mills" 	<ul style="list-style-type: none"> Overweight & Obesity Tobacco Use Coronary Heart Disease (health disparities) Tuberculosis Cancer (breast, cervical, melanoma) Unintentional Injuries Teen Pregnancy Prenatal Care HIV/AIDS STIs Access 	<ul style="list-style-type: none"> Obesity Teen Birth Rate Uninsured High School Graduation Unemployment Violent Crime 	<ul style="list-style-type: none"> Obesity Teen Birth Rate Uninsured Smoking High School Graduation Rate Violent Crime Rate

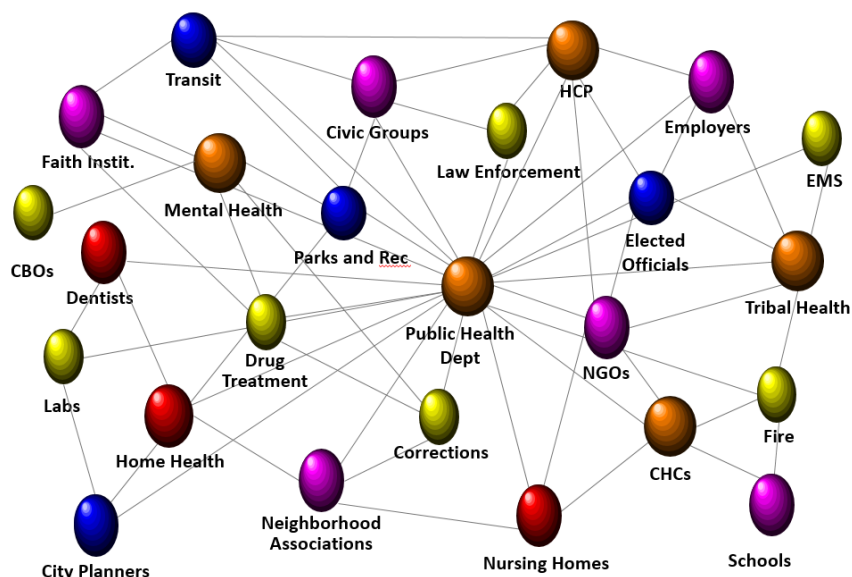
Source: Annual data reviews (MHCA 2013).

The MAPP Framework

Mobilizing for Action through Planning and Partnerships, or MAPP, is a strategic planning framework for community health assessment (CHA) and community health improvement planning (CHIP) processes (NACCHO 2013). As its name suggests, MAPP is an intensely community-driven process.

A guiding theme of the MAPP framework is that "Improving Health Requires Partners" (NACCHO 2008). MAPP provides a framework to bring together all the different organizations, groups, and individuals that make up the local public health system. As illustrated in Figure 5, these community partners include community groups such as churches, civic organizations, and non-profit organizations, as well as departments of the local government, neighborhood associations, health care providers, and businesses.

Figure 5. The Local Public Health System



Source: NACCHO 2015.

The MAPP framework was developed by the National Association of City and County Health Officials (NACCHO) in collaboration with the Public Health Practice Program Office of the Centers for Disease Control and Prevention (CDC). In 2011 the Florida Department of Health (DOH) selected the MAPP framework to guide health assessment and improvement planning at the state level, setting the standard for its 67 county health departments; as such, selection of the MAPP framework to guide the 2015 CHA process in Manatee County is in alignment with the Florida DOH standard.

The MAPP process of community health assessment and improvement planning defines a series of six phases. Phase 3 of the MAPP process includes four assessments. The six MAPP phases and four MAPP Assessments are described in Figure 6. The MAPP Phases are completed in sequence, but the four MAPP Assessments can be carried out in any order (NACCHO 2013). MAPP Phases 1, 2, and 3 guided the 2015 CHA process in Manatee County. MAPP Phases 4, 5, and 6 guided a 2015 CHIP process, based on findings of the 2015 CHA. The resulting Manatee County CHIP is presented in a separate report ([MHCA 2015](#)).

Figure 6. The MAPP Process: Six Phases and Four Assessments

The Six Phases of the MAPP Process	The Four Assessments in MAPP Phase 3
<ul style="list-style-type: none">• Phase 1: Organize for Success and Partnership Development. This first phase identifies who should be involved in the process and how the partnership will approach and organize the process.• Phase 2: Visioning. This phase is a collaborative and creative approach that leads to a shared community vision and common values.• Phase 3: The Four Assessments. This phase provides a comprehensive picture of a community in its current state using both qualitative and quantitative methods. Use of four different assessments is a unique feature of MAPP. This helps communities analyze health issues through multiple lenses.• Phase 4: Identify Strategic Issues. This phase uses the information gathered from the four assessments to determine strategic issues a community must address in order to reach its vision.• Phase 5: Formulate Goals and Strategies. This phase involves specifying goals for each of the strategic issues identified in the previous phase. Many communities create a community health improvement plan at the end of this phase.• Phase 6: The Action Cycle. This phase includes planning, implementation, and evaluation of a community strategic plan.	<ul style="list-style-type: none">• Local Public Health System (LPHS) Assessment measures how well public health system partners collaborate to provide public health services based on a nationally recognized set of performance standards.• Forces of Change (FoC) Assessment provides an analysis of the positive and negative external forces that impact the promotion and protection of public health.• Community Themes and Strengths (CTS) Assessment provides qualitative information on how community members perceive their health and quality of life concerns as well as their knowledge of community resources and assets.• Community Health Status (CHS) Assessment provides quantitative data on a broad array of health indicators, including quality of life, behavioral risk factors, and other measures that reflect a broad definition of health.

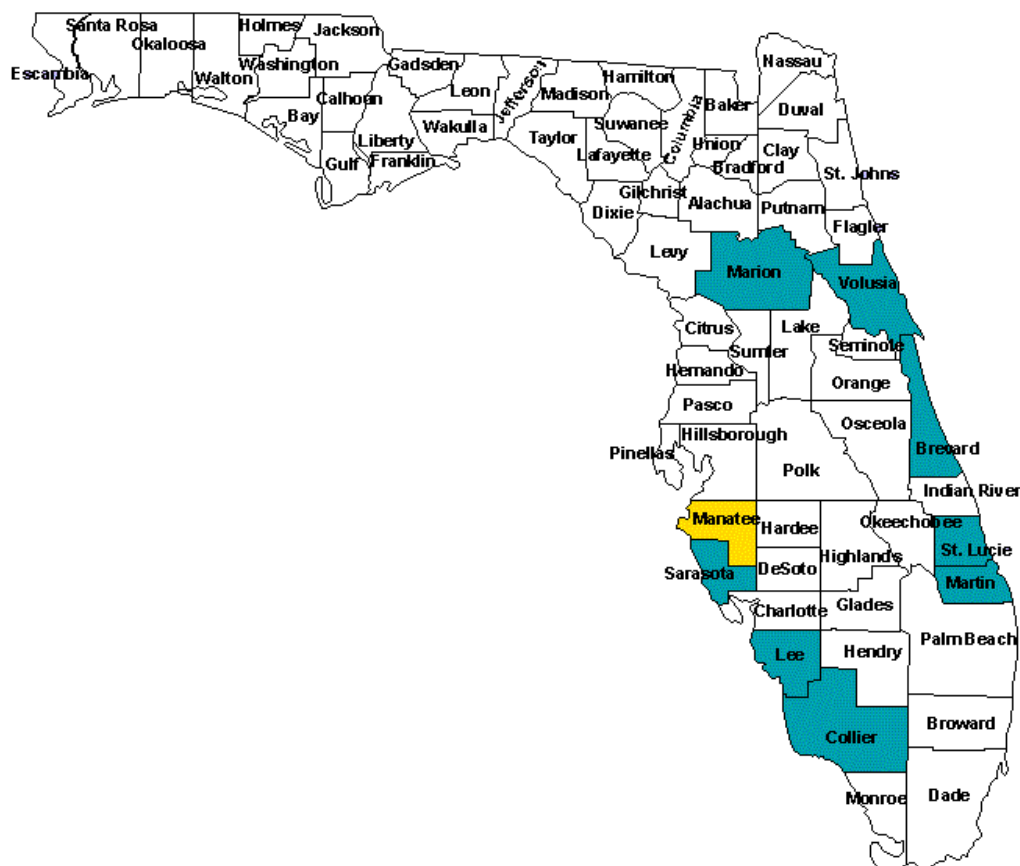
Source: MAPP Fact Sheet (NACCHO 2008).
Note: MAPP Phases 1-3 guide the CHA process; MAPP Phases 4-6 guide the CHIP process.

The Peer County Group

Where feasible this report presents characteristics of Manatee County in relation to state and national benchmarks and targets, and to a group of peer counties. These peer counties were identified based on groupings presented at Community Health Status Indicators (CHSI) 2015, a web application offered by the Centers for Disease Control and Prevention (CDC). CHSI 2015 distinguishes 89 peer county groupings nationwide, identified in a cluster analysis of 19 county characteristics, namely: population size, population growth, population density, population mobility, percent children, percent elderly, sex ratio, percent foreign born, percent high school graduates, single parent households, median home value, housing stress, percent owner-occupied housing units, median household income, receipt of government income, household income, overall poverty, elderly poverty, and unemployment.

Manatee County's CHSI 2015 peer grouping includes twelve other counties in three states, including eight Florida counties. This report compares health data for Manatee County to the unweighted mean for these eight Florida counties. These eight counties are referred to throughout this report as the "Peer County Group" or the "Peer Counties." Manatee's Peer County Group includes Brevard County, Collier County, Lee County, Marion County, Martin County, St. Lucie County, Sarasota County, and Volusia County (Figure 7).

Figure 7. Manatee County and its Eight Peer Counties



Community Profile

The health of a community is related to many factors such as population, housing, education, and economic characteristics. This section provides an overview of these factors in Manatee County, highlighting key characteristics and trends.

Bordering the Gulf of Mexico on the west coast of Florida, Manatee County features a wealth of resources including public beaches and parks, sports and recreational amenities, a vibrant cultural community, a strong health infrastructure, an engaged business community, and an international airport. These resources make it an attractive environment for year-round residents, seasonal residents, and visitors from all over the world.

The county includes six incorporated areas. The cities of Bradenton and Palmetto are located on the mainland. The four other incorporated areas – Anna Maria, Bradenton Beach, Holmes Beach, and Longboat Key – are located on barrier islands. Unincorporated areas include Ellenton, Parrish, Myakka City, and Lakewood Ranch, a master-planned community located southeast of Bradenton.

POPULATION. According to US Census estimates, Manatee County's population was 351,746 in 2014. This makes it Florida's 15th most populous county, accounting for 1.8% of the state's population. From 2010 to 2014, the population in Manatee County grew by 9%, substantially more than in the Peer Counties (5%), in Florida (about 6%), and in the US as a whole (about 3%; Figure 8). Besides full-time residents, Manatee County attracts a large and growing numbers of visitors and seasonal residents: In 2014 the area drew over 2.9 million visitors, up 2.9% from the previous year (Bradenton CVB 2015).

AGE. In line with national and state trends, Manatee County's population is growing older as the baby boom generation ages and population birthrates decline. From 2010 to 2014 similar age trends are observed in Manatee County, the Peer Counties, the state, and the US as a whole: The percentage of residents over 65 years of age is increasing, and the percentage of children (ages 0 to 17) is decreasing (Figure 8).

Aging of the population is even more pronounced in Manatee County because it attracts many new residents who are transitioning into retirement. Residents aged 65 and over make up almost 26% of the population in Manatee County (and almost 27% in the Peer Counties), compared to about 19% in Florida and 14.5% in the US as a whole (Figure 8).

Figure 9 offers a more detailed break-down of population by age groups, showing that the relatively large number of older residents in Manatee County (and in the Peer Counties) starts in the 55-to-64 year age bracket: Residents aged 55 and over make up 40% of the population in Manatee County (and 41% in the Peer Counties), compared to just 32% in Florida and 27% in the US. In contrast, adults aged 18 to 54 make up 41% of the population in Manatee County (and 40% in the Peer Counties), compared to 48% in Florida and 50% in the US as a whole.

The relatively large number of older residents in Manatee County is also reflected in two other indicators (Figure 9):

- **Median age** is 47 years in Manatee County (and 48 years in the Peer Counties), substantially higher than in Florida (42 years) and in the US as a whole (38 years).
- **The old-age dependency ratio** is relatively high in Manatee (and in the Peer Counties), compared to the state and the US as a whole; this reflects a relatively large number of elderly residents (over 65 years) in Manatee County, compared to adults of working age (18 to 64 years).

RACE & ETHNICITY. Manatee County and its Peer Counties share the following characteristics compared to state and national averages (Figure 8): a relatively large percentage of White residents; relatively small percentages of Black, Hispanic, and Asian residents; and a relatively small percentage of residents of more than one race.

Figure 8. US Census Quick Facts: Manatee County, Peer Counties, Florida & the US

	Manatee County	Peer County Average	Florida	US
Population				
Population estimate, July 1, 2014	351,746	409,157	19,893,297	318,857,056
Population, % change 4/1/2010 (estimate base) to 7/1/2014	+9.0%	+5.0%	+5.8%	+3.3%
Age & Sex				
Persons under 18 years, %, July 1, 2014	↓19.5%	↓18.1%	↓20.4%	↓23.1%
Persons 65 years and over, %, July 1, 2014	↑25.5%	↑26.9%	↑19.1%	↑14.5%
Female persons, %, July 1, 2014	51.6%	51.3%	51.1%	50.8%
Race & Ethnicity				
White alone, %, July 1, 2014 (a)	86.4%	85.6%	77.8%	77.4%
Black or African American alone, %, July 1, 2014 (a)	9.3%	10.3%	16.8%	13.2%
American Indian & Alaska Native alone, %, July 1, 2014 (a)	0.5%	0.6%	0.5%	1.2%
Asian alone, %, July 1, 2014 (a)	2.0%	1.7%	2.8%	5.4%
Native Hawaiian & Other Pacific Islander alone, %, 7/1/14(a)	0.1%	0.1%	0.1%	0.2%
Two or More Races, %, July 1, 2014	1.7%	1.7%	2.0%	2.5%
Hispanic or Latino, %, July 1, 2014 (b)	15.7%	14.9%	24.1%	17.4%
White alone, not Hispanic or Latino, %, July 1, 2014	72.1%	72.2%	55.8%	62.1%
Population Characteristics				
Veterans, 2009-2013	33,883	43,550	1,569,406	21,263,779
Foreign born persons, %, 2009-2013	12.7%	12.3%	19.4%	12.9%
Housing				
Housing units, July 1, 2014	179,035	214,745	9,144,250	133,957,180
Housing units, % change April 1, 2010 to July 1, 2014	+3.7%	+1.0%	+1.7%	+1.7%
Owner-occupied housing unit rate, 2009-2013	71.4	73.9	67.1	64.9
Median value of owner-occupied housing units, 2009-2013	\$165,400	\$164,200	\$160,200	\$176,700
Median selected monthly owner costs, w/mortgage, 2009-2013	\$1,598	\$1,470	\$1,530	\$1,540
Median gross rent, 2009-2013	\$933	\$941	\$990	\$904
Building permits, 2014	3,565	1,826	84,075	1,046,363
Families & Living Arrangements				
Persons per household, 2009-2013	2.5 persons	2.5 persons	2.6 persons	2.6 persons
Lang. other than Eng. spoken at home, % ages 5yr+, 2009-2013	16.5%	16.9%	27.4%	20.7%
Education				
High school grad. or higher, % pers. age 25 yrs+, 2009-2013	87.4%	87.7%	86.1%	86.0%
Bachelor's degree or higher, % pers. age 25 yrs+, 2009-2013	26.6%	25.1%	26.4%	28.8%
Health				
With a disability, under age 65 years, %, 2009-2013	8.4%	9.2%	8.4%	8.4%
Economy				
In civilian labor force, total, % pop. age 16 yrs+, 2009-2013	55.6%	53.5%	59.7%	63.8%
In civilian labor force, female, % pop. age 16 yrs+, 2009-2013	50.8%	49.4%	55.6%	59.0%
Income & Poverty				
Median household income (in 2013 dollars), 2009-2013	\$47,876	\$46,943	\$46,956	\$53,046
Per capita income in past 12 mos. (in 2013 dollars), 2009-2013	\$27,322	\$28,302	\$26,236	\$28,155
Persons in poverty, %	16.0%	15.8%	16.5%	14.8%
Businesses & Employment				
Total employer establishments, 2013	7,925	10,247	510,389	7,488,353
Total employment, 2013	85,188	111,523	7,134,644	118,266,253
Total annual payroll, 2013	\$3,029,926	\$4,079,750	\$294,142,009	\$5,621,697,325
Total employment, % change, 2012-2013	-0.3%	1.2%	2.9%	2.0%
Geography				
Population per square mile, 2010	434.5	447.6	350.6	87.4

Source: US Census QuickFacts (selected data). Peer County data were computed as unweighted averages. (a) Includes persons reporting only one race. (b) Persons of Hispanic ethnicity may be of any race so they are also included in applicable race categories. Upward and downward arrows represent, respectively, increasing and decreasing trends from 2010 to 2014 in the age groups indicated.

Figure 9. Age Categories & Summary Indicators: Manatee County, Peer Counties, Florida & the US

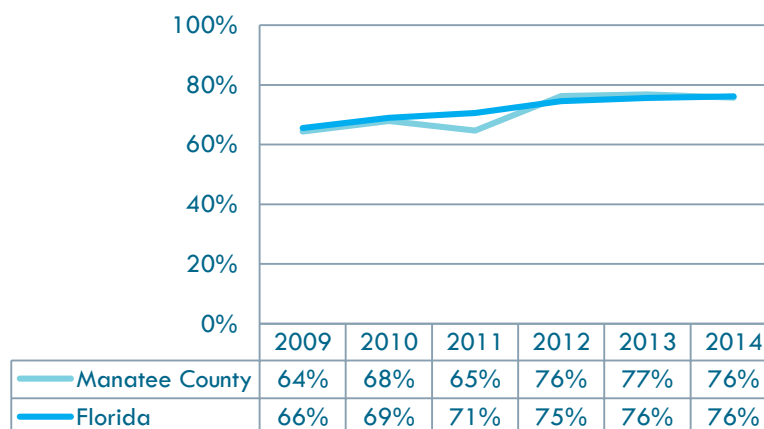
	Manatee County	Peer County Average	Florida	US
AGE CATEGORIES				
Under 5 years	5%	5%	5%	6%
5 to 17 years	15%	14%	15%	17%
18 to 24 years	7%	7%	9%	10%
25 to 34 years	10%	10%	13%	14%
35 to 44 years	11%	10%	12%	13%
45 to 54 years	13%	13%	14%	14%
55 to 64 years	14%	14%	13%	13%
65 to 74 years	14%	14%	11%	8%
75 years and over	12%	13%	9%	6%
SUMMARY INDICATORS				
Median age	47 years	48 years	42 years	38 years
Sex ratio (males per 100 females)	94	94	96	97
Old-age dependency ratio (a)	47	49	32	23
Child dependency ratio (b)	36	33	34	37

Source: American Community Survey (ACS 2014), single-year estimates, rounded off to whole numbers. Peer County data were computed as unweighted averages. (a) Old-age dependency ratio is derived by dividing the population 65+ by the 18-to-64 population and multiplying by 100. (b) Child dependency ratio is derived by dividing the population under 18 by the 18-to-64 population and multiplying by 100.

HOUSING. In line with its recent population growth, Manatee County also shows growth in housing: Between 2010 and 2014 housing grew by over 6,000 units (growth of 3.7%); in the same period there was less growth in housing units in the Peer Counties, the state, and the US as a whole (1.0% to 1.7%; Figure 8). A total of 3,565 building units were permitted in Manatee County in 2014. Figure 8 also shows higher rates of owner-occupied housing in Manatee County and the Peer Counties, compared to state and national rates.

EDUCATION. Manatee County has a solid public school district and numerous institutions of higher education. High school graduation rates have increased substantially in the past five years, from 64% in 2009 to 76% in 2014, in line with an upward statewide trend (Figure 10).

Figure 10. High School Graduation Rates



Source: Florida Department of Education (FL DOE 2015).

Figure 11. Top Industries Contributing to Employment in Manatee County

Industry	Percentage of Employment in Manatee County (2013)	Average Annual Wage in Manatee County (2013)
Trade, Transportation, and Utilities	21%	\$30,900
Education and Health Services	16%	\$41,972
Leisure and Hospitality	14%	\$21,014
Government	11%	\$46,421
Professional and Business Services	10%	\$48,331
Manufacturing	7%	\$50,871
Construction	6%	\$39,629

Source: Florida Legislature, Office of Economic and Demographic Research (OEDR 2015).

Figure 12. Largest Employers in Manatee County

Employer	Product/Service	# Full-Time Employees (2013)
Manatee County School District	Public education	5,500
Bealls Inc.	Corporate headquarters & distribution	1,924
Manatee County Government	Government	1,567
Manatee Memorial Hospital	Hospital	1,445
Tropicana Products Inc.	Orange juice and juice beverages	1,200
Manatee County Sheriff's Department	Law enforcement	1,140
Blake Medical Center	Hospital	1,100
Publix	Grocery store chain	875
IMG Academy	International prep school & sports	564
State College of Florida Manatee/Sarasota	Post-Secondary Education	472

Source: Bradenton Area Economic Development Council (BEDC 2013).

BUSINESS ENVIRONMENT, INCOME & EMPLOYMENT. Figure 11 shows the top industries contributing to employment in Manatee County in 2013. For each industry, the percentage of jobs provided is shown, together with the average annual wage. Figure 12 displays the ten largest employers in Manatee County in 2013, according to the Bradenton Economic Development Council.

Other key characteristics of Manatee County's business environment, according to the Manatee Chamber of Commerce (MCC 2015), include the following:

- The agricultural industry continues to provide a large number of jobs. Major crops are citrus, tomatoes, cabbage, watermelon, cucumbers, and green peppers; beef and dairy production are also significant.
- Port Manatee and the Sarasota Bradenton International Airport help businesses in Manatee County stay connected to the world.
- Local government works with business leaders to develop financial incentives, agreements, and programs to attract new businesses to Manatee County.

Median household income in Manatee County was \$47,876 in 2009-2013; this is slightly higher than in the Peer Counties and the state, but substantially lower than the national median household income (Figure 8).

Total employment in Manatee County dropped by 0.3% from 2012 to 2013 (Figure 8). This compares unfavorably to the increases observed in the Peer Counties, Florida, and the US in the same period (1.2% to 2.9%). Nevertheless, Manatee County's current rate of unemployment (5.7%) is lower than the Peer County, state, and national rates (Figure 13).

Figure 13. Unemployment Rates: Manatee County, Peer Counties, Florida & the US

Year	Manatee County	Peer Counties	Florida	US
2000	3.2%	3.9%	3.7%	4.0%
2010	11.4%	12.2%	11.1%	9.6%
2014	5.7%	6.6%	6.3%	6.2%

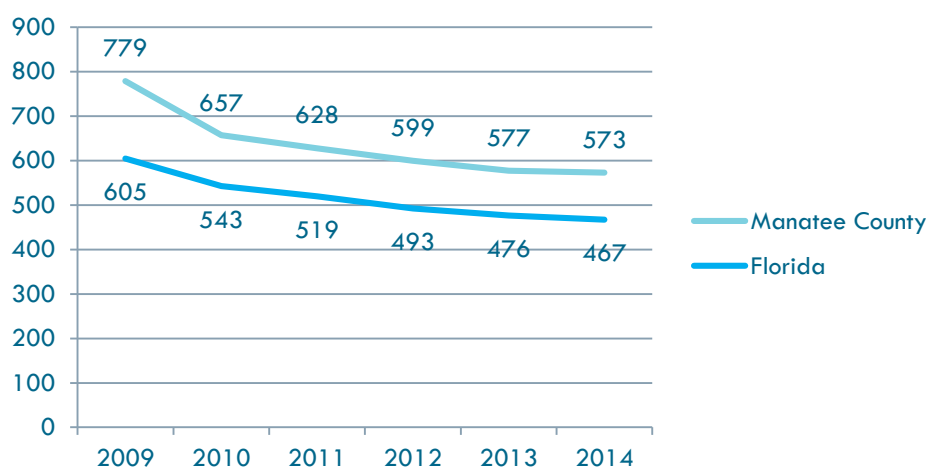
Source: Bureau of Labor Statistics (BLS 2015). Peer County data were computed as unweighted averages.

POVERTY. Poverty can threaten health both directly and indirectly. In Manatee County 16% of residents are living in poverty; this is somewhat better than the state average of 16.5%, but worse than the national average of 14.8% (Figure 8).

Other data suggest that poverty and financial hardship have a profound impact in Manatee County. In 2013 the percentage of children under 18 living in poverty was substantially higher in Manatee County (28.3%) than the state average of (24.8%; OEDR 2015). Similarly, the ALICE report on “Asset Limited, Income Constrained, Employed” (ALICE) households in Florida (Florida United Way 2014) reveals substantial financial hardship, estimating that 43% of households in Manatee County are either living under the poverty level or earning less than the basic cost of living.

CRIME. Another threat to well-being and life itself is violent crime, which includes murder, sexual offenses, robbery, and aggravated assault offenses. The violent crime rate is higher in Manatee County than in Florida as a whole; Manatee County’s violent crime rate does show a strong downward trend, however, from 779 reported cases per 100,000 population in 2009 to 573 per 100,000 in 2014 (Figure 14).

Figure 14. Violent Crime (rate per 100,000 population)



Source: Florida Department of Law Enforcement (FDLE 2015).

METHOD

This section describes general methods of data review and data collection that were used to complete the four assessments in MAPP Phase 3. Each assessment was carried out by a subcommittee of community partners, facilitated by DOH-Manatee staff. Throughout the 2015 CHA process the composition of the subcommittees evolved to some extent as new members joined and some members found themselves unable to attend all meetings. The organizational affiliations of community partners who contributed to the four MAPP Assessments and the broader CHA process are listed in the Acknowledgments section of this report (p. 1).

The four MAPP Assessments are intended to provide a complete picture of the current state of community health, based on a variety of types and sources of data. This helps the community see its health issues and assets through multiple lenses. Data collected and reviewed for the 2015 CHA can be categorized on two dimensions: quantitative versus qualitative; and primary versus secondary.

- **Secondary data** refers to published data, or data collected by sources external to the current project.
- **Primary data** refers to newly collected data.
- **Quantitative data** can be expressed as numbers, for example disease incidence rates or survey ratings on a numerical scale.
- **Qualitative data** cannot be expressed as numbers, for example answers to open-ended questions in an interview, focus group, or survey.

Secondary Data Review

The MAPP Assessment Subcommittees evaluated the health of the Manatee County community by reviewing existing (“secondary”) data – both quantitative and qualitative – from a variety of local, state, and national sources.

QUANTITATIVE DATA SOURCES. Many sources of quantitative secondary data were reviewed, including the following:

- ☐ **FLORIDA CHARTS** (www.floridacharts.com). Florida CHARTS offers a wealth of county-specific public health statistics and community health data from official state and national sources. The site is provided and maintained by the Florida Department of Health.
- ☐ **AMERICAN FACTFINDER** (factfinder.census.gov). The American FactFinder website is provided by the US Census Bureau. The website gives access to population and health-related statistics for the United States, including state and county level data. The information provided by American FactFinder comes from the US Census, the American Community Survey, and other surveys.
- ☐ **COUNTY HEALTH RANKINGS** (www.countyhealthrankings.org). The County Health Rankings Program is the product of collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute (UWPHI 2015). The Rankings present and rank health indicators for every county in the US, based on 35 health-related measures.
- ☐ **HEALTHY PEOPLE 2020** (www.healthypeople.gov). Healthy People 2020 is a Federal Government website managed by the US Department of Health and Human Services. Healthy People 2020 identifies, targets, and tracks progress based on 26 high-priority objectives for national health.
- ☐ **HEALTHY TAMPA BAY** (www.healthytampabay.com). Healthy Tampa Bay is a website offered by ONE BAY: Healthy Communities, an initiative of the Tampa Bay Partnership Regional Research and Education Foundation. This website brings together data from state and national sources, offering health statistics for the Tampa Bay region, and in some cases, for specific counties, zip codes, and census tracts.

QUALITATIVE DATA SOURCES. The MAPP Assessment Subcommittees also reviewed existing sources of qualitative community health data, including the following:

- **MANATEE-SARASOTA HEALTHY FOOD ACCESS ASSESSMENT** (DOH-Manatee 2015). In the first half of 2015 staff at DOH-Manatee reached out to areas with low food access in a cross-county assessment. “Food access” refers to the availability of healthy food sources near one’s home. The assessment was carried out in collaboration with the Florida Department of Health in Sarasota County. The purpose of the assessment was to identify barriers to healthy eating so that initiatives could be developed to fit the needs and preferences of community residents.

DOH-Manatee staff completed an in-depth assessment of barriers to healthy food access in Manatee County census tracts identified as “food deserts” by the USDA. Food deserts are areas with both low food access and low income. The Healthy Food Access Assessment was completed in three steps:
 - First, key informant interviews were held with community leaders to narrow the geographic scope and gain insight into cultural factors. These key informants also helped the researchers establish contact with communities affected by low food access.
 - Then eight focus groups were held to gather qualitative data on barriers and preferred ways to obtain and eat fruits and vegetables. The eight focus groups took place in five neighborhoods including a diversity of racial and ethnic groups, including Black, Hispanic, and Haitian residents.
 - Finally, a survey was developed to delve deeper into food access needs and preferences. Using procedures based on the CASPER methodology, quantitative and qualitative survey data were collected from residents by knocking door-to-door at a representative sample of addresses in census tracts identified as food deserts.
- **UNITED WAY ALICE REPORT – FLORIDA** (United Way 2014). This report on financial hardship offers quantitative data on “Asset Limited, Income Constrained, Employed” (ALICE) households in each of Florida’s 67 counties. The report also provides qualitative information on the social context of widespread financial hardship in Florida’s counties, including health care and other areas of impact.
- **MANATEE COMMUNITY HEALTHCARE DISCUSSIONS** (MCCS 2014). To engage the community on local healthcare topics, the Manatee County Community Services Department invited the public to join two evening discussion sessions in May and June of 2014. These facilitated sessions took the form of round table discussions on topics related to community health: (i) Community Health Priorities; (ii) Access to Care; (iii) Community Stakeholders; (iv) Prevention; (v) Role of Local Government in Health Care; (vi) Health Care Planning; (vii) Innovation and Technology. According to a report in the *Bradenton Herald* (5/29/2015), the first session drew nearly 100 participants. These participants included interested residents, public and private providers, and county government staff.
- **STATE OF HEALTH CARE SYSTEM IN MANATEE COUNTY** (CRHSP/IPPL 2008). This report, commissioned by the Manatee Chamber Foundation, identified factors affecting the effectiveness and efficiency of health care services in Manatee County. It presents unique qualitative information and recommendations based on data collection from a variety of Manatee County constituents, including: surveys of physicians, residents, and business owners; focus groups; town hall meetings; and interviews with health care stakeholders.

Primary Data Collection

Primary data were collected for the 2015 CHA to tap into recent health trends and to give voice to community members at the grassroots level. Data were collected in four ways: (i) the Local Public Health System (LPHS) Assessment; (ii) the 2015 CHA Community Partners Survey; (iii) the 2015 CHA Community Health Survey; and (iv) the 2015 CHA Community Interviews. Methods used in the LPHS Assessment are presented later in this report (see p. 33); methods used in the surveys and interviews are described below.

2015 CHA COMMUNITY PARTNERS SURVEY. In January 2015 the Prevention and Wellness Committee leadership distributed a survey to community partners in connection with recruitment efforts for the 2015 CHA. The survey's purpose was to get early input from local experts to help guide the CHA process. Community partners were given access to both online and paper versions of the survey, and they were encouraged to invite other community partners to complete the survey.

The Community Partners Survey posed six core questions addressed in the MAPP Assessments (NACCHO 2013):

- What do you identify as important needs in the Manatee County community, including but not limited to health needs?
- What health concerns do you have for the Manatee County community?
- Do you see room for improvement in any areas of the Manatee County community that could contribute to health or quality of life?
- What assets do you think the Manatee County community has that can be used to improve community health?
- What forces of change (trends, factors, or events) might affect the health of the Manatee County community? What opportunities or threats are generated by these forces of change?
- How are the essential public health services being provided to the Manatee County community?

In reply to the first five questions, community partners gave answers in their own words. For the sixth question, “yes” or “no” answers were given for each of the Ten Essential Public Health Services (CDC NPHPS 2015). Completed surveys were received from 15 community partners.

2015 CHA COMMUNITY HEALTH SURVEY. A county-wide Community Health Survey was undertaken to gather up-to-date input from a broad range of community members. The survey was developed by MAPP subcommittee members based on existing local and national public health surveys, with input from participants at general meetings of the Prevention and Wellness Committee. The survey was available on paper as well as online, in English and Spanish versions.

To encourage participation by as many community members as possible, the Community Health Survey was brief: It was designed to take only 5 to 10 minutes to complete; and the paper version fit on just one page (see Appendix). The questions included socio-demographic and health-related items. Socio-demographic items were used to help assess representativeness of the survey respondents, and to enable comparison of answers given by different social groups. Most questions used a fixed, multiple-choice response format. One open-ended question invited respondents to describe, in their own words, “the most important changes needed to achieve a healthy community in Manatee County.”

The 2015 CHA Community Health Survey was marketed to adult residents of Manatee County (aged 18 years and older) in a network-driven campaign from April to July of 2015. Community partner organizations distributed the online survey link to members and other contacts via email, websites, and social media. For example, the Manatee County Utilities Department included an announcement and digital survey link in utility bills transmitted to customers county-wide by email. The paper survey was also distributed at community meetings, nursing homes, and facilities offering in-patient and out-patient health care services.

The Community Health Survey was also marketed through direct community outreach in underserved areas by a culturally and linguistically diverse team of community health specialists. The survey was offered directly to community members, either on paper or by means of a digital device connected to the Internet. This outreach was carried out door-to-door in underserved neighborhoods, as well as at community gatherings, educational institutions, a nonprofit provider of services to the homeless, a residential camp for migrant farm workers, a farmer's market, and an urban outdoor market.

A total of 1,452 community members responded to the 2015 CHA Community Health Survey, with 28% returning a paper survey and 72% filling out the online survey. Demographic and socioeconomic characteristics of the respondent sample (Figure 15) suggest that the Community Health Survey respondents were similar to the Manatee County population in many ways; there was however underrepresentation of community members with the following characteristics: male; Hispanic ethnicity; aged under 25 years; and lower educational levels. (Some respondents did not answer the socio-demographic questions: 16% to 18% did not reply to questions about their age, income, and zip code; and 13% to 16% did not reply to the other demographic questions.)

The Community Health Survey also included a question about respondents' main daily activities (one or more answers could be chosen). Answers indicated that:

- 60% of the respondents were working at a job or business;
- 5% were looking for work;
- 20% of respondents were retired;
- 10% were caring for children or other family members;
- 3% were students;
- 6% reported some other main activity (such as volunteer work or a hobby).

The above percentages of respondents working (60%) and looking for work (5%) are similar to recent estimates of Manatee County's workforce (59%) and unemployment rate (5.7%, OEDR 2015).

The Community Health Survey also asked respondents to write or type in their zip code, and the town or city where they lived. Of those who answered one or both questions, 92% named a zip code, town, or city in Manatee County, and 8% named a zip code or town located elsewhere. Those residing outside the county were kept in the dataset because their participation and answers demonstrated that they considered themselves members of the community, as for instance employees or active volunteers. Figure 16 reveals that the zip codes provided by survey respondents included all Manatee County zip codes and show a distribution similar to official population estimates for Manatee County zip codes. The largest discrepancy is an overrepresentation of respondents in the City of Bradenton zip code of 34205.

2015 CHA COMMUNITY INTERVIEWS. Short interviews based on a written protocol were used to invite a diversity of perspectives on community health. This method was used to target underserved communities, including individuals unwilling or unable to complete a longer written survey. The Community Interview protocol included three questions:

- How would you rate the health of this community, "5" being very healthy and "1" being very unhealthy?
- What are some changes that could be made to help you live a healthier life?
- What could be done to make this community healthier?

Community Interview participants were recruited through direct community outreach by a culturally and linguistically diverse team of community health specialists. In consultation with community leaders and other key informants, the team visited community locations such as faith-based institutions, a nonprofit provider of services to underserved groups, a residential camp for migrant farm workers, and an outdoor urban market. Team members also went door-to-door in residential neighborhoods, at specific underserved locations suggested by the community leaders. Residents were invited to participate in a survey on community health, either by writing answers on a paper form or by taking part in a face-to-face interview; some of the interviews were held with small groups. A total of 46 individuals participated in the Community Interviews.

Figure 15. Community Health Survey Sample: Socio-Demographic Characteristics

	% of Survey Sample	% of Manatee County Population ¹		% of Survey Sample	% of Manatee County Population ²
ETHNICITY			HOUSEHOLD INCOME		
Non-Hispanic	91%	87%	Under \$10,000	6%	7%
Hispanic	9%	13%	\$10,000-\$19,999	5%	11%
RACE			\$20,000-\$29,999	12%	12%
White (only)	84%	89%	\$30,000-\$49,999	21%	21%
Black (only)	10%	8%	\$50,000 or more	56%	49%
Other (or>1)	5%	3%	EDUCATION		
AGE			Less than 9 th Grade	1%	5%
18 to 25 years	3%	11%	Grade 9 to 11	3%	7%
26 to 45 years	28%	26%	Grade 12 or GED	17%	31%
46 to 65 years	45%	35%	College 1-3 years	28%	28%
Over 65 years	24%	28%	College 4+ years	51%	29%
GENDER			HOUSEHOLD SIZE		
Male	29%	48%	1 person	21%	30%
Female	71%	52%	2 persons	42%	42%
			3 persons	15%	12%
			4 or more persons	21%	16%

Sources: ¹DOH Office of Health Statistics & Assessment 2014 (percentages computed for base population 18 years and over). ²American Community Survey (ACS 2013), 1-year estimates.

Figure 16. Community Health Survey Sample: Distribution of Manatee County Zip Codes

Manatee County Zip Code	% Survey Sample	Manatee County Pop. Estimates		Manatee County Zip Code	% Survey Sample	Manatee County Pop. Estimates	
		% Pop.	Pop.			% Pop.	Pop.
34201 (Bradenton/University Park)	2%	1%	3,682	34215 (Cortez)	<1%	<1	768
34202 (Bradenton/LWR)	7%	6%	19,816	34216 (Anna Maria)	<1%	<1	1,503
34203 (Bradenton/Oneco)	9%	11%	34,862	34217 (Bradenton Beach)	2%	2%	5,007
34205 (Bradenton, City of)	19%	9%	29,656	34219 (Parrish)	5%	5%	17,135
34207 (Bradenton)	5%	9%	29,728	34221 (Palmetto)	10%	12%	39,457
34208 (Bradenton, City of)	9%	10%	33,121	34222 (Ellenton)	3%	4%	11,952
34209 (Bradenton, City of)	11%	10%	31,816	34228 (Longboat Key)	<1%	1%	2,398
34210 (Bradenton, City of)	4%	5%	15,916	34243 (Sarasota/Bradenton)	4%	7%	21,538
34211 (Bradenton)	2%	1%	2,775	34251 (Myakka City)	1%	2%	6,256
34212 (Bradenton)	5%	5%	15,146				

Source of Population Estimates: US Census Bureau, 2010. Note: Sample percentages in each zip code were computed relative to the number of respondents who provided a Manatee County zip code (N = 1,069). Manatee County population percentages were computed relative to the most recent (2010) census estimates of the Manatee County population in these zip codes (322,532). Partial population estimates, including only Manatee County residents, are given for the four zip codes that cross county boundaries (34221, 34228, 34243, 34251).

RESULTS

This section presents results of Manatee County's 2015 CHA process, guided by MAPP Phases 1, 2 and 3. A preliminary summary of these results was presented to the community at a meeting of the MHCA Prevention and Wellness Committee on July 30, 2015.

MAPP Phase 1: Organize for Success & Partnership Development

Phase 1 of MAPP determines who will participate in the community health assessment and how the process will be organized. The goal is to structure a planning process that establishes commitment, engages participants as active partners, respect participants' time, and results in a realistic plan.

The *MAPP Handbook* (NACCHO 2013) outlines a series of six steps for MAPP Phase 1. These steps were completed in January and February of 2015 by the MHCA's Prevention and Wellness Committee, facilitated by staff from the Florida Department of Health in Manatee County (DOH-Manatee).

Step 1: Determine Why the MAPP Process Is Needed. The MAPP framework was selected for the 2015 CHA in alignment with the Florida State Health Assessment (DOH 2012). A key advantage of MAPP is that it helps guide community health assessment and community health improvement planning processes that are consistent with Public Health Accreditation Board requirements (NACCHO 2013). Another advantage of the MAPP framework is its emphasis on community engagement, in line with the MHCA mission.

Step 2: Identify, Organize & Recruit Participants. Recruitment of community partners for the 2015 CHA began in early January 2015, when the Prevention and Wellness Committee leadership asked individuals affiliated with dozens of community organizations and groups active in Manatee County to join the 2015 CHA process, and to invite other interested community members.

A start-up meeting was held in mid-January 2015. This open meeting drew a total of 28 individuals representing a variety of community organizations (including health care providers, businesses, non-profit organizations, faith-based groups, the county health department, and county government). The meeting was led by MHCA Prevention and Wellness Committee leaders and hosted by DOH-Manatee at its main location in Bradenton. The agenda included presentations on community health assessment and improvement planning, including the MAPP framework and visioning. To encourage a broad view of the local public health system, which is central to MAPP, the jelly-bean diagram in Figure 5 was shared. Participants expressed support for MAPP's emphasis on community engagement. Community partners at the meeting were invited to join one or more MAPP Assessment Subcommittees. Participants were also asked to suggest other partners to bring into the 2015 CHA process.

After the start-up meeting subcommittees were formed for each MAPP Assessment, including a subcommittee included a chair and other members. In addition, a Core Team was identified, including chairs of the Prevention and Wellness Committee as well as the four MAPP Assessment Subcommittee chairs. The Core Team worked together to organize and recruit community partners via word of mouth and email. Information was distributed to dozens of community partners who had attended the start-up meeting or expressed interest in the 2015 CHA. Interested community partners were asked to suggest other community members to bring into the CHA; these new community members were also invited to join the CHA process.

Step 3: Design the Planning Process. In planning the 2015 CHA, the Core Team agreed on a short timeframe for completion. One advantage of the short timeline was to minimize potential negative impacts of the CHA process on participants' other professional and volunteer duties. Another advantage was to generate rapid positive momentum towards a healthier community. Based on these and other considerations, a Summer 2015 deadline was set for the 2015 CHA, including completion of the first three MAPP phases and sharing of key findings with the community.

Step 4: Assess Resource Needs. The Core Team leadership determined that resource needs for the 2015 CHA would be limited to volunteer and employee hours, meeting space, transportation costs, report production and printing fees, and other in-kind resources that participating community partners and their organizations could provide. Needs were evaluated in advance, and available resources were determined to be sufficient to meet these needs.

Step 5: Conduct a Readiness Assessment. According to the *MAPP Handbook*, a state of readiness exists when the following critical elements have been achieved: Process has strong sponsors; process has effective champions; support outweighs opposition; key resources are budgeted; core participants are willing and available; there is general agreement on purpose and outcomes; there is general agreement on how to proceed; scope of the planning effort is reasonable; and staff and technical support have been identified. Members of the Core Team determined in February 2015 that these elements had been achieved.

Step 6: Develop a Workplan, Timeline, and Other Tools. A workplan and timeline (in the form of a Gantt chart) were developed by DOH-Manatee staff and distributed to the subcommittee chairs in February 2015. Meeting schedules for the Prevention and Wellness Committee and the MAPP subcommittees were flexible: It was decided that meetings would be monthly, unless project needs required a different interval.

MAPP Phase 2: Visioning

The “Visioning” phase of MAPP is a collaborative process leading to a shared community vision. Completing this phase answers the question, “Where do we, as a community, see ourselves in three to five years?” (NACCHO 2013). In the MAPP presentation at the January 2015 start-up meeting, the topic of visioning was addressed and input was invited from partner representatives. One question considered was whether the Prevention and Wellness Committee required a vision different from the MHCA’s vision: “Manatee County is Florida’s healthiest community.”

Participants at the start-up meeting were offered a survey to express their views on visioning. The survey presented the MHCA vision and invited respondents to choose between two statements: The Prevention and Wellness Committee “should have the same vision as the MHCA” or “should have its own vision.” Space was provided to suggest a new or modified vision. The same visioning survey was offered by email to dozens individuals on the 2015 CHA contact list, together with an online survey link. Twelve community partners completed the visioning survey, revealing no strong base of opinion in favor a defining distinct vision:

- Half (50%) thought that the Prevention and Wellness Committee should share the MHCA vision.
- A minority (25%) thought that the Prevention and Wellness Committee should have its own vision.
- The remaining respondents (25%) returned the survey without choosing either visioning statement.

Based on these results, the Core Team determined that the Prevention and Wellness Committee and 2015 CHA process would share the MHCA vision: “Manatee County is Florida’s healthiest community.”

MAPP Phase 3: The Four Assessments

The goal of MAPP Phase 3 is to provide a complete, up-to-date picture of the health of a community and all that is happening related to health, based on both quantitative and qualitative data. This picture of community health is created by means of the four MAPP Assessments:

- Local Public Health System (LPHS) Assessment.
- Forces of Change (FoC) Assessment.
- Community Themes and Strengths (CTS) Assessment.
- Community Health Status (CHS) Assessment.

The four MAPP Assessments for Manatee County’s 2015 CHA were completed between January and July of 2015. Procedures used and results of these assessments are presented in the sections below.

LOCAL PUBLIC HEALTH SYSTEM (LPHS) ASSESSMENT

The LPHS Assessment invites input from local public health system experts representing the large and diverse group of entities that make up the local public health system (as illustrated in the Jelly Bean diagram; see Figure 5, p. 18). The goal of the LPHS Assessment is to answer questions such as:

- What are the activities, competencies, and capacities of the local public health system?
- How well are essential public health services being provided to the community?

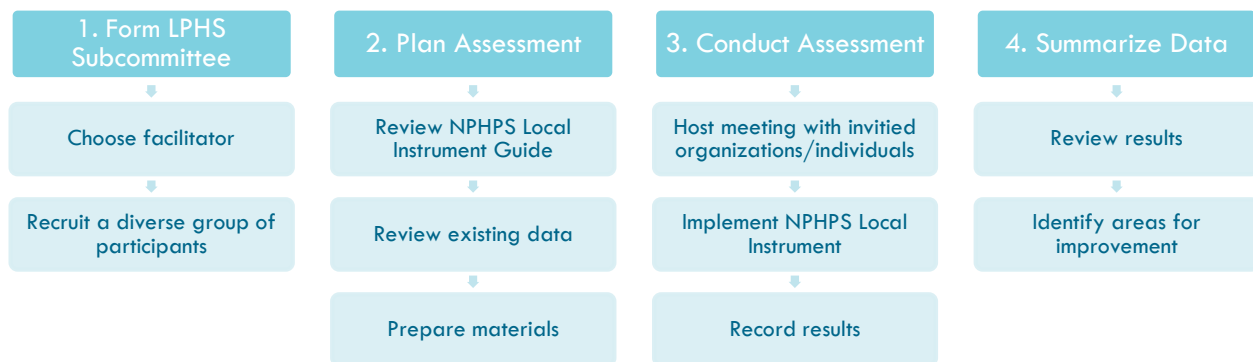
The LPHS Assessment is completed using the National Public Health Performance Standards (NPHPS) Local Instrument (NACCHO 2011). This instrument assesses how well each of Ten Essential Public Health Services is being delivered, based on 30 Model Standards. The 10 Essential Public Health Services (CDC/NPHPS 2015) are services that all communities should strive to provide, namely:

- **ES 1:** Monitor health status to identify and solve community health problems.
- **ES 2:** Diagnose and investigate health problems and health hazards in the community.
- **ES 3:** Inform, educate, and empower people about health issues.
- **ES 4:** Mobilize community partnerships and action to identify and solve health problems.
- **ES 5:** Develop policies and plans that support individual and community health efforts.
- **ES 6:** Enforce laws and regulations that protect health and ensure safety.
- **ES 7:** Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
- **ES 8:** Assure competent public and personal health care workforce.
- **ES 9:** Evaluate effectiveness, accessibility, and quality of personal & population-based health services.
- **ES 10:** Research for new insights and innovative solutions to health problems.

The LPHS Assessment for the 2015 CHA followed the four steps shown in Figure 17. Once formed the LPHS Assessment Subcommittee reviewed the NPHPS Local Instrument and identified three existing sources of data on performance of the local public health system:

- A 2014 Environmental Public Health Performance Standards (EPHPS) Assessment of Manatee County, carried out in July 2014 (DOH-Manatee 2014).
- The Florida State Public Health System Assessment (DOH 2012).
- Replies to the 2015 CHA Community Partners Survey question: How are the essential public health services being provided to the Manatee County community?

Figure 17. Steps of the Local Public Health System (LPHS) Assessment



Source: Adapted from the *MAPP Handbook* (NACCHO 2013).

The 2014 Environmental Public Health Performance Standards Assessment was completed at a two-day event in July 2014, attended by experts from the county's environmental public health system and facilitated by the Environmental Health Division of DOH-Manatee. Figure 18 summarizes the results.

Figure 18. Manatee County's 2014 Environmental Public Health System Assessment

Strengths of the Environmental Public Health System:
<ul style="list-style-type: none"> Local, county, and state laws and regulations are in place to protect environmental public health. Strong county, regional, and state environmental public health programs are in place. There are robust processes to diagnose and investigate environmental public health problems and health hazards in the community. Strong partnerships exist among all key stakeholders within the environmental public health system, including defined roles and responsibilities. There are robust, tested emergency preparedness and response plans, including communications plans and The environmental public health workforce has defined performances standards; and training and development opportunities are available.
Opportunities for Improvement of the Environmental Public Health System:
<ul style="list-style-type: none"> There is a need to complete and institutionalize the EPHS assessment process, including an environmental public health system profile. There is no health communications plan or process to routinely provide the general public, policy makers, and other stakeholders with environmental health information to enable effective individual, community, and policy action. Although there are programmatic evaluation and quality assurance processes, there is no systematic quality improvement process for the environmental public health system, including analysis and comparison of data to identify existing and potential environmental health trends. Policy makers need to be educated on gaps and preemptions in laws and regulations to protect environmental public health. Populations with limited access or barriers to environmental public health services have not been identified. There is a need to develop outreach and a referral mechanism to educate the public on environmental public health services.

Source: DOH-Manatee, Environmental Health Division (DOH-Manatee 2014).

To encourage broad participation in the 2015 LPHS Assessment, public health experts were invited to contribute in two ways: (i) by reviewing and providing advance feedback on the NPHPS Model Standards and Performance Measures; and (ii) by attending a two-hour meeting of public health experts in July 2015.

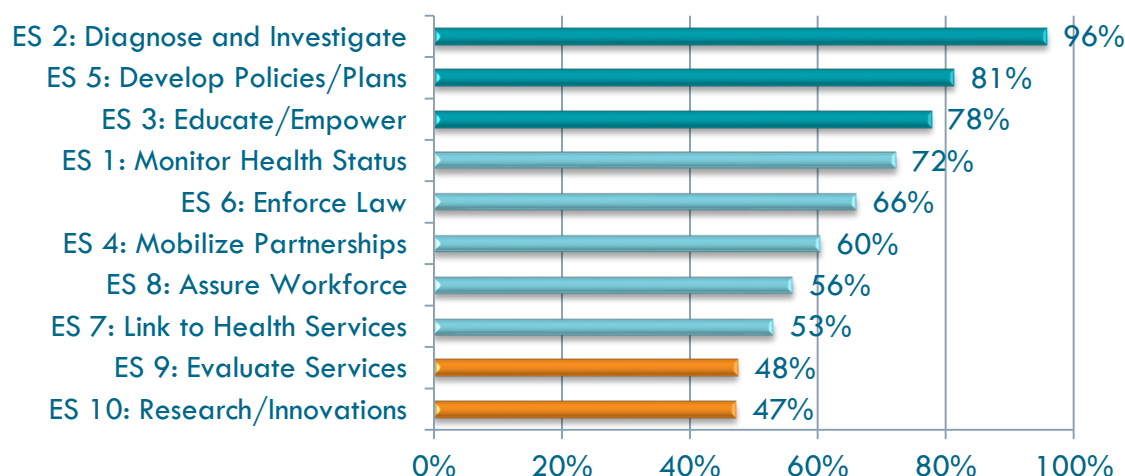
The LPHS Assessment meeting in July 2015 drew input from 29 local public health system experts: 27 attended the meeting; and 2 could not attend but emailed their ratings and comments prior to the meeting. The experts in attendance included local public health experts affiliated with a broad range of local public health entities including public and private health care providers, the county government, several divisions of the county health department, and business and nonprofit organizations devoted to local health and wellness.

The public health system experts at the meeting completed the LPHS Assessment by consensus using the rating scale prescribed by the NPHPS, shown below:

- Optimal Activity** – 76-100% of the activity described within the question is met.
- Significant Activity** – 51-75% of the activity described within the question is met.
- Moderate Activity** – 26-50% of the activity described within the question is met.
- Minimal Activity** 1-25% of the activity described within the question is met.
- No Activity** – 0% or absolutely no activity.

For each NPHPS Performance Measure, attendees voted with color-coded cards to show the level of public health service provision they perceived to exist; any discrepancies were resolved through discussion. Figure 19 shows the average consensus rating for each of the 10 Essential Public Health Services.

Figure 19. Ranked Consensus Ratings for the 10 Essential Public Health Services



The consensus ratings in Figure 19 show the following:

- **Optimal Activity** ratings were given for 3 of the 10 Essential Public Health Services, suggesting three areas of optimal service delivery: “Diagnose and Investigate,” “Develop Policies/Plans,” and “Educate/Empower.”
- **Significant Activity** ratings were given for 5 Essential Services.
- **Moderate Activity** ratings were given for 2 Essential Services, suggesting room for improvement in two areas: Evaluate Services and Research/Innovations.
- Ratings of **Minimal Activity** and **No Activity** were not given for any of the Essential Services.

Figure 20 shows average ratings for all 30 Model Standards evaluated by the NPHPS Local Instrument. These results reveal areas of Optimal Activity in Manatee County, as well as areas for improvement:

- **Optimal Activity** was found for 27% of the Model Standards. This suggests eight areas of optimal service delivery: Community Health Assessment; Identification/Surveillance; Emergency Response; Laboratories; Health Communication; Risk Communication; Governmental Presence; Emergency Plan.
- **Significant Activity** was found for 46% of the Model Standards.
- **Moderate Activity** was found for 27% of the Model Standards. This suggests eight areas for improvement in service delivery: Current Technology, Health Education/Promotion, Assure Linkage (to Health Services), Workforce Assessment, Evaluation of Population Health, Evaluation of the Local Public Health System, Foster Innovation, and Research Capacity.
- **Minimal Activity** and **No Activity** were not found for any of the Model Standards.

Figure 21 shows Manatee County’s 2015 NPHPS Local Instrument ratings in comparison with the three other existing data sources on the provision of Essential Public Health Services: (i) the Community Partners Survey conducted as part of the 2015 CHA; (ii) Manatee County’s Environmental Public Health Performance Standards Assessment (DOH-Manatee 2014); and (iii) the Florida State Public Health System Assessment (DOH 2012). Although the four datasets in Figure 21 are based on different methods, Model Standards, and measures, it is noteworthy that Diagnose and Investigate (ES 2) was rated highest in all three assessments; and consistently low ratings were given for Research and Innovation (ES 10). Key overall findings of the LPHS Assessment are summarized in Figure 22.

Figure 20. Consensus Ratings for Essential Public Health Services & Model Standards

Model Standards by Essential Services	Manatee County NPHPS (2015)	Model Standards by Essential Services	Manatee County NPHPS (2015)
ES 1: Monitor Health Status	72% (4)	ES 6: Enforce Laws	66% (5)
1.1 Community Health Assessment	92%	6.1 Review Laws	56%
1.2 Current Technology	50%	6.2 Improve Laws	67%
1.3 Registries	75%	6.3 Enforce Laws	75%
ES 2: Diagnose and Investigate	96% (1)	ES 7: Link to Health Services	53% (8)
2.1 Identification/Surveillance	92%	7.1 Personal Health Service	56%
2.2 Emergency Response	96%	7.2 Assure Linkage	50%
2.3 Laboratories	100%	ES 8: Assure Workforce	56% (7)
ES 3: Educate/Empower	78% (3)	8.1 Workforce Assessment	33%
3.1 Health Education/Promotion	50%	8.2 Workforce Standards	75%
3.2 Health Communication	83%	8.3 Continuing Education	60%
3.3 Risk Communication	100%	8.4 Leadership Development	56%
ES 4: Mobilize Partnerships	60% (6)	ES 9: Evaluate Services	48% (9)
4.1 Constituency Development	63%	9.1 Evaluation of Population	50%
4.2 Community Partnerships	58%	9.2 Evaluation of Personal Health	55%
ES 5: Develop Policies/Plans	81% (2)	9.3 Evaluation of LPHS	38%
5.1 Governmental Presence	83%	ES 10: Research/Innovations	47% (10)
5.2 Policy Development	75%	10.1 Foster Innovation	38%
5.3 CHIP/Strategic Planning	67%	10.2 Academic Linkages	67%
5.4 Emergency Plan	100%	10.3 Research Capacity	38%
		Average Overall Score (ES 1-10)	66%
		Median Score (ES 1-10)	63%

Source: 2015 CHA, LPHS Assessment.

Figure 21. Comparison of 4 Recent Evaluations of Essential Public Health Service Provision in Manatee County & Statewide

Model Standards by Essential Services	Manatee County			Florida
	NPHPS (2015 CHA)	Community Partners Survey (2015 CHA)	Environmental Health EPHPS ¹ (2014)	State Public Health System Assessment ² (2011)
ES 1: Monitor Health Status	72% (4)	64% (7)	68% (6)	82% (2)
ES 2: Diagnose and Investigate	96% (1)	92% (1)	100% (1)	84% (1)
ES 3: Educate/Empower	78% (3)	85% (2)	74% (5)	46% (7)
ES 4: Mobilize Partnerships	60% (6)	85% (2)	100% (1)	47% (6)
ES 5: Develop Policies/Plans	81% (2)	73% (4)	65% (7)	63% (3)
ES 6: Enforce Laws	66% (5)	58% (9)	88% (4)	54% (4)
ES 7: Link to Health Services	53% (8)	71% (5)	54% (9)	45% (8)
ES 8: Assure Workforce	56% (7)	64% (7)	95% (3)	39% (10)
ES 9: Evaluate Services	48% (9)	67% (6)	25% (10)	51% (5)
ES 10: Research/Innovations	47% (10)	58% (9)	63% (8)	45% (8)
Average Score	66%	72%	73%	56%
Median Score	63%	71%	74%	51%

Sources 2015 CHA, LPHS Assessment & Community Partners Survey. ¹DOH-Manatee 2014; ²DOH 2012.

Figure 22. Key Overall Findings of the Local Public Health System (LPHS) Assessment

STRENGTHS	OPPORTUNITIES
<ul style="list-style-type: none"> • Optimal Local & State Delivery of one Essential Public Health Service: Diagnose & Investigate (ES 2). • Optimal Local Delivery of two Essential Public Health Services: Educate/Empower (ES 3) & Develop Policies/Plans (ES 5). This is seen in both NPHPS & Community Partner Ratings. • Optimal Local Delivery in 8 Model Standard Domains: Community Health Assessment; Identification & Surveillance; Emergency Response; Laboratories; Health Communication; Risk Communication; Governmental Presence; Emergency Plan. 	<ul style="list-style-type: none"> • Sub-Optimal Local & State Delivery of four Essential Public Health Services: Link to Services; Assure Workforce; Evaluate Services; Research & Innovation (ES 7-10). • Sub-Optimal Local Delivery in several Model Standard Domains: Current Technology; Health Education & Promotion; Community Partnerships; Review Laws; Personal Health Services; Linkage to Health Services; Workforce Assessment; Continuing Education; Leadership Development; Evaluation of Population, Personal Health & LPHS; Fostering of Innovation; Research Capacity.

FORCES OF CHANGE (FOC) ASSESSMENT

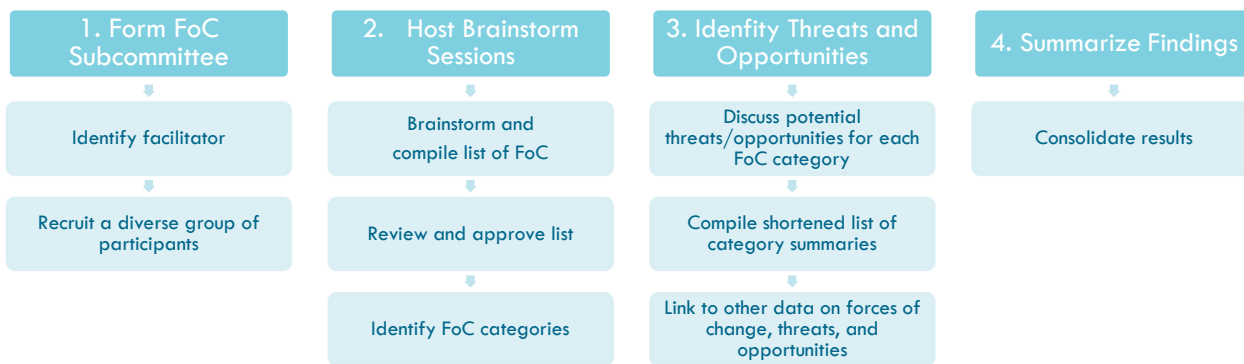
The goal of the FoC Assessment is to identify forces that can affect the health of the community. These forces may include trends, factors, or events that either operate in the present or are expected in the future.

The FoC Assessment answers questions such as:

- What is occurring, or might occur, that affects the health of the community?
- What specific threats and opportunities are generated by these occurrences? (NACCHO 2013).

Figure 23 outlines four steps followed in the FoC Assessment completed for Manatee County's 2015 CHA. After the FoC Subcommittee was formed in Step 1, it followed Steps 2 and 3 in eight 2-hour meetings held over a period of several months. The methods used closely followed the guidelines and worksheets offered in the *MAPP Handbook* (NACCHO 2013): Early sessions were devoted to brainstorming and compiling a list of forces of change; and later sessions were devoted to reviewing and discussing potential threats and opportunities posed by the forces of change. DOH-Manatee facilitated consolidation of the results in Step 4.

Figure 23. Steps of the Forces of Change (FoC) Assessment



Source: Adapted from the *MAPP Handbook* (NACCHO 2013).

Figure 24 lists the forces of change identified by the subcommittee in Step 2. And Figure 25 shows the eight broad forces of change themes, together with associated opportunities and threats identified in Step 3. In Step 4 the subcommittee reviewed and edited their results for each theme, yielding eight thematic summaries (available as a supplement to this report).

Key overall findings of the FoC Assessment Subcommittee are summarized below:

	Opportunities & Threats
Education	The County needs an extensive education program, focused on healthy behaviors and on the availability of a wide variety of health care services.
Expansion/Urbanization	Rapid expansion and development, expansion of faith communities, elimination for farmland, and insufficient health care personnel for expanding census are factors with opportunities and threats to the health of Manatee County.
Healthcare Resources	County has an extensive health care system serving a wide diversity of physical and mental health needs.
Healthy Behavior	Since the adoption of the ACA, many Americans have been able to obtain health care; however, there must be a focus on healthy behavior (exercise and diet).
Homelessness	There are strong services from local, state, and federal programs in place to meet these needs, but the programs need to be reliably funded and constantly reviewed for improvement.
Mental Health	Diagnosis, treatment, and funding for mental illness are critical for the improvement of Mental Health in the County.
Technology	We live in an age of rapidly increasing technological access to information and communication related to health and health care resources.
Transportation	County's current transportation system can affect access to health care for some of its residents.

Figure 24. Forces of Change: Manatee County

Events:

- Florida legislature remains uncertain about any expansion of Medicaid.
- Sales tax referendum failed; low voter turnout.
- Trust fund from sale of Manatee Memorial Hospital ends soon.
- Affordable Care Act passed in 2010.
- Supreme Court ruled the Affordable Care Act constitutional, 2012.
- Supreme Court allowed states to opt out of Medicaid expansion, 2012.
- Supreme Court is considering the legality of subsidies from Federal Exchanges.
- Recession is mostly over, but wages continue to stagnate.
- Blake Hospital became a trauma center.
- Trauma Centers require a significant number of specialists; we lack a surplus.
- LIP [Low Income Pool] funds set to end July 1; currently in negotiation.
- DSH (disproportional share hospital) payments scheduled to end.
- Florida #1 in ACA enrollment this year.
- Repeal of the moratorium on additional nursing home beds.
- Legislation established parity for mental health and physical health coverage.

Trends:

- Many returning veterans may require specialized health care.
- County healthcare may be impacted if V.A. redirects some vets to private care.
- Aging “Boomers” may affect availability of Medicare and Medicaid providers.
- Healthcare for ex-felons, including mental health treatment for some.
- Homelessness.
- Low voter turnout in recent elections can affect health care options.
- Florida is #49 in mental health funding.
- Decline in federal and state funds to municipalities for health-related organizations.
- Period of government dysfunction leaves some health proposals in limbo.
- Increase in availability of guns.
- Home-schooling; lack of school nurse oversight.
- Lack of adequate dental coverage and care.
- Ongoing efforts to redirect people away from ERs
- Increasing need to add residency spots at hospitals.
- Hospital readmissions within 30 days are declining.
- Increasing use of technology – smart phones, tablets, etc.
- Medical records are increasingly computerized.
- Questions about health issues related to frequent use of technology.
- Telemedicine is being explored.
- Increasing number of taxis add to transportation possibilities.
- Increased number of buses and bus routes add to transportation possibilities.
- Some doctors are moving to a “concierge” practice; unaffordable for some clients.

Factors:

- Proximity of Manatee River; Gulf of Mexico.
- Hurricanes.
- Closing of bridges to north County during catastrophes makes hospitals inaccessible.
- Tourists are important to our economy; they also use the healthcare system.
- Low wages and benefits for service industry workers.
- Migrant workers may have special healthcare needs.
- Undocumented workers; not covered by ACA.
- Some neighborhoods have low access to nutritional food.
- Controversies over the rate of development in the County.
- Variation in impact fees and their temporary nature.
- Demographic variations.
- Inconvenient location of Social Security office.
- Bus service frequency and price.
- Human trafficking.
- Abuse of illegal drugs and prescription drugs.
- Marijuana – medical and recreational.
- Limited low-cost housing.
- Limits number of shelters for women.
- Poor enrollment in state health programs.
- Economic impact of many female heads of households.
- Smoking.
- Unvaccinated children: health risk to themselves, others.
- Four high quality hospitals.
- Strong Rural Health Care Services.
- Florida Department of Health in Manatee County.
- Women's Resource Center.
- LECOM Colleges: Osteopathic Medicine, Pharmacy, Dentistry.
- We Care Manatee.
- Turning Points.
- Availability of urgent care centers (less costly than ER).
- Healthy Start.
- Manatee Substance Abuse Coalition.
- NAMI.
- Planned Parenthood.
- Manatee Health Care Alliance.
- Partnership in ONE Bay & other community organizations.
- Inadequate public awareness of healthcare resources.
- “Manatee Health Resources” at www.manateehealth.com is computer-based; not accessible to all.
- “Healthy Florida Works” plan supported by some businesses and hospitals.
- Florida Chamber of Commerce has healthcare plan in progress.
- Manatee Chamber of Commerce supports wellness programs in local businesses.
- HIV/AIDS medical needs.
- Obesity, especially among the young.
- Illiteracy.
- Shortage of young doctors.
- Availability of veteran services.
- Healthcare for jail inmates.
- Availability of training programs for EMT (Emergency Medical Technicians).
- Low reimbursement for Medicaid and Medicare service.
- \$51 billion for Medicaid expansion is still “on the table.”
- Controversy over role of Nurse Practitioners and Physician Assistants.
- County Commission undecided about how to fund healthcare for ALICE (“Asset Limited, Income Constrained, Employed”).
- Current status of many recommendations made by earlier health assessment.

Figure 25. Forces of Change (FoC) Assessment: Factors, Opportunities & Threats

<p>Education</p> <p>Opportunities Offer greater access to information by classes offered in ESL, computer technology, financial information, health behaviors; comprehensive health requirements for K-12, literacy, and medical services. Make widely available information about good nutrition, exercise habits, etc. to help in prevention of illness.</p> <p>Threats Major organizations in the County to provide strong support, both moral and financial. Need for strong persistent leadership. Decline in school attendance. Significant outreach efforts needed to specific groups.</p>
<p>Expansion/Urbanization</p> <p>Opportunities Expand DOH services to meet needs of residents in a fiscally neutral way, as much of the expansion includes working families and retirees with insurance and in need of services such as routine immunizations and travel health services. While expansion is still occurring, the built environment can instill a Culture of Health with Complete Streets. Density restrictions can preserve green space for healthy activity/exercise as well as urban fringe gardening to promote physical activity and health eating (e.g. Lakewood Ranch). Wi-Fi equipped, limited stop bus routes could link the rapidly expanding urban fringe areas East of 75 to central Bradenton for business/school purposes and the beaches for physical activity and mental health pursuits. Large and numerous faith communities can develop community gardens, fitness groups, active commutes to church, mental health prayer or meditation gardens. Far Eastern and Northeastern portions of the county could be exempted from re-zoning or a moratorium put in place for re-zoning from agricultural to residential and/or business to preserve the agricultural way of life. A new not-for-profit hospital could be built in East County—to meet future healthcare needs cost effectively.</p> <p>Threats Rapid expansion of development East of I-75 designated as an “urban fringe” area by Manatee County can outpace infrastructure and services, high-speed roads become hazards near new developments, lack of rapid speed public. Transportation and risk of increased crime and transportation from high density populations. Faith Community Expansion leads to increased traffic around event times posing a safety concern. Threat to farm industry as farms are sold off for new retail business, professional offices, and housing developments. Insufficient health care personnel for expanding census.</p>
<p>Healthcare Resources</p> <p>Opportunities Encourage healthcare providers to establish a common system of communication, care coordination, case management. Telemedicine. Healthcare providers should be accredited. Healthcare providers with successful programs should apply for Center of Excellence designation. Expanded use of Turning Points Medical Wing.</p> <p>Threats The wide variation in healthcare services and locations may remain largely unknown to the community. Lack of common software among providers causing a fractured collection of patient medical information. Assuming referrals among providers, as well as efforts to redirect some clients away from the ERs, transportation can become a problem for those who lack their own mode of transport. Unknown program to explain and facilitate preparation of “living will” or “do not resuscitate.” The significant number of uninsured in the county. Low reimbursement rates for Medicaid providers. Controversy over the role of nurse practitioners.</p>
<p>Healthy Behavior</p> <p>Opportunities Access to food including fruit and vegetable consumption through community and personal gardens, transportation to farmer’s markets and food stamps acceptance, grocery stores in minority communities. Include nutrition and physical education classes at elementary/middle schools, churches, and community centers. Greater use of county parks and offer public use of public school recreational areas. Create an environment that encourages healthy life styles (complete streets, vending machines). Provide incentives for more employers to offer Wellness programs.</p> <p>Threats Lack of opportunities for exercise including: inaccessible recreational areas, high cost of gym membership, insufficient, accessible walking paths for residents, unsafe neighborhoods. Inability for healthy eating due to: lack of transportation to healthy events and stores, food deserts, lack of knowledge about good nutrition, and lack of affordable fresh food. Lack of enough wellness programs through employers. Increased use of tobacco, electronic cigarettes, and other drugs.</p>

Figure 25. Forces of Change (FoC) Assessment: Factors, Opportunities & Threats (continued)

<p>Homelessness</p> <p>Opportunities Turning Points provides a central location for assistance with all aspects of homelessness. It must be well-funded. Early interventions are crucial including: job assistance, financial aid, and counseling for healthy relationships. Training in health issues of homelessness (including mental health) could be helpful for teachers, police officers, emergency medical technicians, churches, community volunteers, etc. Publicizing "211" and the online resources site could let both homeless and helpers identify resources. Studying solutions that have worked for other governments could create new strategies and possible collaboration.</p> <p>Threats Social factors: lack of affordable housing, low wages, shortage of good jobs, lack of child daycare, domestic violence, sex trafficking, runaway youth, divorce and desertion. Florida's warm climate attracts people from outside of the state. Mental illness and alcohol/drug dependency account for a high percentage of homelessness in Manatee/Sarasota. Transportation to appropriate providers. Opposition to neighborhood shelters or affordable housing.</p>
<p>Mental Health</p> <p>Opportunities Educational Programs that reduce the stigma attached to mental illness. Publicize the Mental Health First Aid Courses offered by Manatee Glens, could be especially important in learning crisis. Intervention techniques for professionals; these courses can also encourage collaboration with agency partners. Publicize the services of NAMI (National Alliance of Mental Illness) for education, advocacy and support. References in the Medical Resources site could increase knowledge of the similarities and differences among programs that treat mental illness, maximizing targeted benefits to clients. Early intervention to identify and treat cases of mental illness.</p> <p>Threats Government funding at all levels is inadequate for programs supporting mental health. There is a lack of understanding of drug and alcohol addiction. If the stigma associated with mental illness continues, people with mental illness may be discouraged from seeking treatment.</p>
<p>Technology</p> <p>Opportunities Use computerized medical records to facilitate referrals, minimize errors in prescription-writing, and enable rapid sharing of information between providers. Establish programs in telemedicine in Manatee County. Encourage providers to establish secure medical "portals." Ensure that the County's online Medical Resources list is broadly accessible by smart phones and tablets. Promote the use of free phone, tablet, and web applications that track fitness, nutrition, and can send periodic healthy reminders.</p> <p>Threats Access is limited to many residents due to cost, computer skills, and general unwillingness to use them (e.g. older residents). Excessive use of technology might have negative effects on health (e.g. texting while driving, lack of physical activity). Computers can "crash" and are subject to power outages, so a backup system is needed. The use of software that is incompatible with that used elsewhere in the healthcare system can defeat many of the advantages that technology can provide.</p>
<p>Transportation</p> <p>Opportunities In the process of redirecting non-critical clients away from the ER, hospital staff should give them a means of transportation. Bus routes that make regular stops at healthcare providers, pharmacies, or low-cost food markets. Free or discounted bus tickets to low-income clients redirected from the ER. Increase use of the Handy Bus for service from ERs to other healthcare providers. Provide an extended mobile healthcare provider. Apply for HHS funds to establish a healthcare clinic north of the river. The use of government offices for Social Security administration to provide service to underserved areas.</p> <p>Threats Without the means to get to health services they can afford, our migrant workers, our low-income workers, disabled, and our homeless population are far less likely to receive ongoing healthcare.</p>

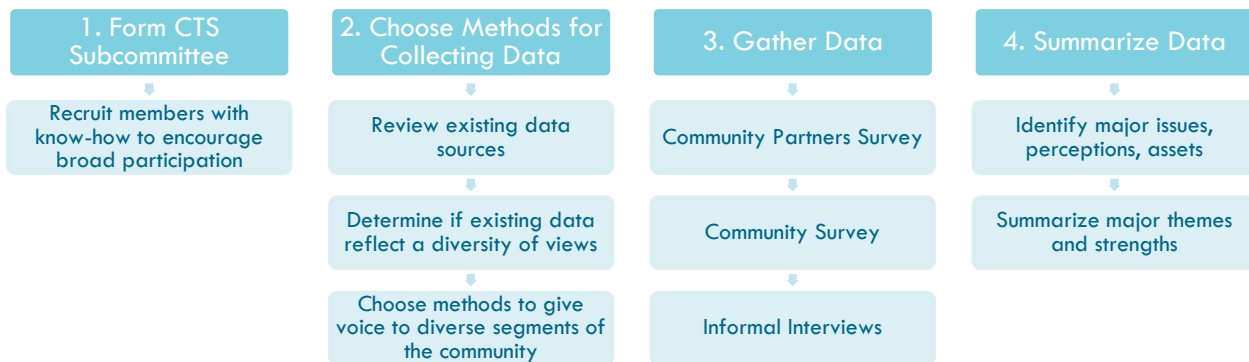
COMMUNITY THEMES AND STRENGTHS (CTS) ASSESSMENT

The CTS Assessment (NACCHO 2013) evaluates community members' thoughts, experiences, opinions, and concerns. It answers questions such as:

- How is quality of life perceived in the community?
- What is important to the community?
- What assets does the community have to improve community health?

This assessment stresses broad representation of different segments of the community, especially those who are more likely to be affected by poor health outcomes. The CTS Assessment for the 2015 CHA in Manatee County followed the four steps shown in Figure 26.

Figure 26. Steps of the Community Themes and Strengths (CTS) Assessment



Source: Adapted from the *MAPP Handbook* (NACCHO 2013).

The CTS Assessment Subcommittee reviewed existing (secondary) data, as well as primary data that were newly collected for the 2015 CHA. This data review provided information on community themes and strengths in four areas: (i) **Quality of Life**; (ii) **Satisfaction with Health Care**; (iii) **Health Priorities and Concerns**, and (iv) **Community Strengths and Assets**. Results for each area are presented below.

QUALITY OF LIFE

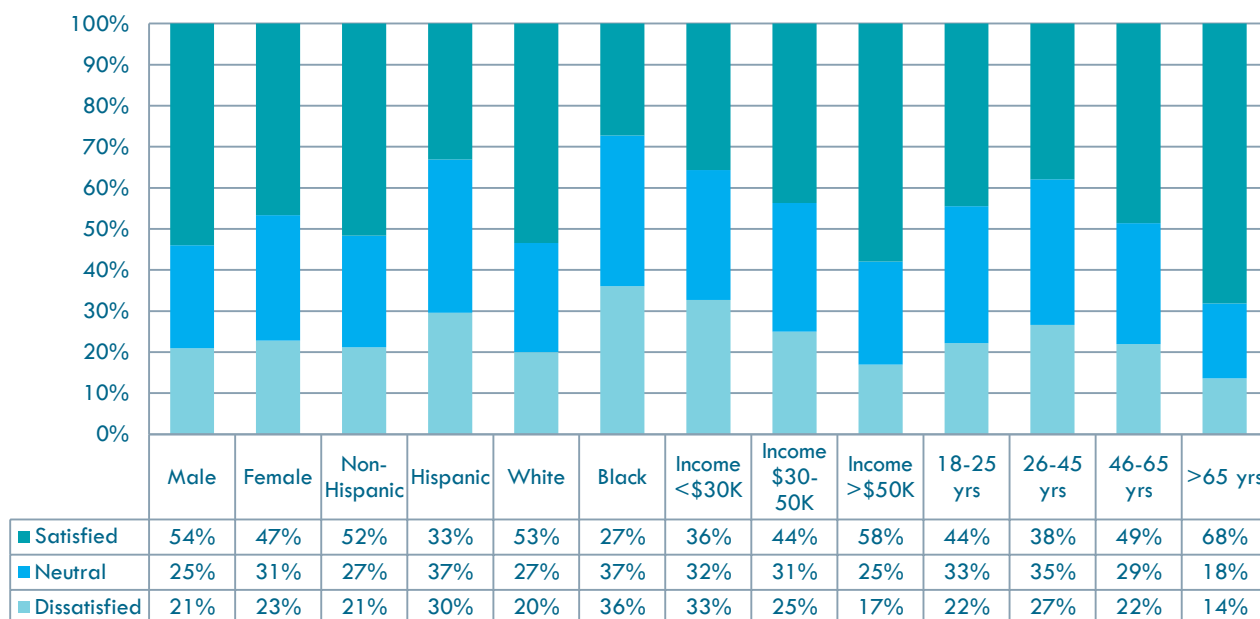
County Health Rankings. The County Health Rankings (UWPHI 2015) offer an indicator of quality of life, defined as “how healthy people feel while alive.” In the 2015 County Health Rankings, quality of life in Manatee County is rated at 12th best among Florida’s 67 counties (the top quartile).

2015 CHA Community Health Survey. The Community Health Survey asked community members to answer the multiple-choice question, “How satisfied are you with the quality of life in our community?” Results showed that:

- 50% of respondents were satisfied (“Satisfied” or “Very Satisfied”) with quality of life.
- 28% were neutral (“Neutral”).
- 22% were dissatisfied (“Unsatisfied” or “Very Unsatisfied”).

The quality of life ratings in Figure 27, broken down by social groups, show more dissatisfaction with Manatee County’s quality of life among women, Hispanics, and Blacks; at lower incomes; and in younger age groups.

Figure 27. Satisfaction with Quality of Life



Source: 2015 CHA Community Health Survey.

SATISFACTION WITH HEALTH CARE

State of Health Care System in Manatee County (CRHSP/IPPL 2008). Dissatisfaction was one of six key themes identified in the *State of Health Care* report prepared for the Manatee Chamber Foundation. Dissatisfaction was found in: surveys of physicians, residents, and business owners; focus groups; town hall meetings; and interviews with stakeholders from the county health care system. According to the report:

- Patients expressed dissatisfaction with a lack of coordination of services, high deductibles, an inability to get health care needs met, and delays in hospital emergency rooms.
- Employers expressed concern over rising insurance costs and a loss of productivity when employees are unable to receive timely care.
- Providers (including nurses and physicians) expressed concern with patients seeking emergency care for conditions that might have been avoided with timely primary care. Concern was also expressed over a lack of options for follow-up care for discharged patients.
- Physicians in private practice expressed concerns about financial pressures affecting their practices. They also expressed dissatisfaction with coordination of care.
- Hospital administrators expressed concerns about difficulties with physician recruitment, as well as financial pressures of rising operating costs and falling reimbursements.

Community Healthcare Discussions (MCCS 2014). Some of the same sources of dissatisfaction were expressed in the Community Healthcare Discussions on Access to Care and Community Health Priorities. In addition, community members who participated in the Healthcare Discussions voiced dissatisfaction with:

- Access to health insurance.
- Availability and affordability of primary care and preventive health services.
- Availability of specialty care, including providers accepting Medicaid.
- Integration of care; chronic disease management; discharge planning.
- Funding for health care for those without means to pay.
- Health disparities; outreach and transportation to medical services.
- Needs of the working poor, and homeless, homebound and isolated persons.

- Appreciation of diversity, and language and cultural barriers.
- Rising costs of care, and rising costs borne by providers (including costs of liability insurance).
- Transparency and corporate accountability.
- Trust and respect between patients and health care providers.

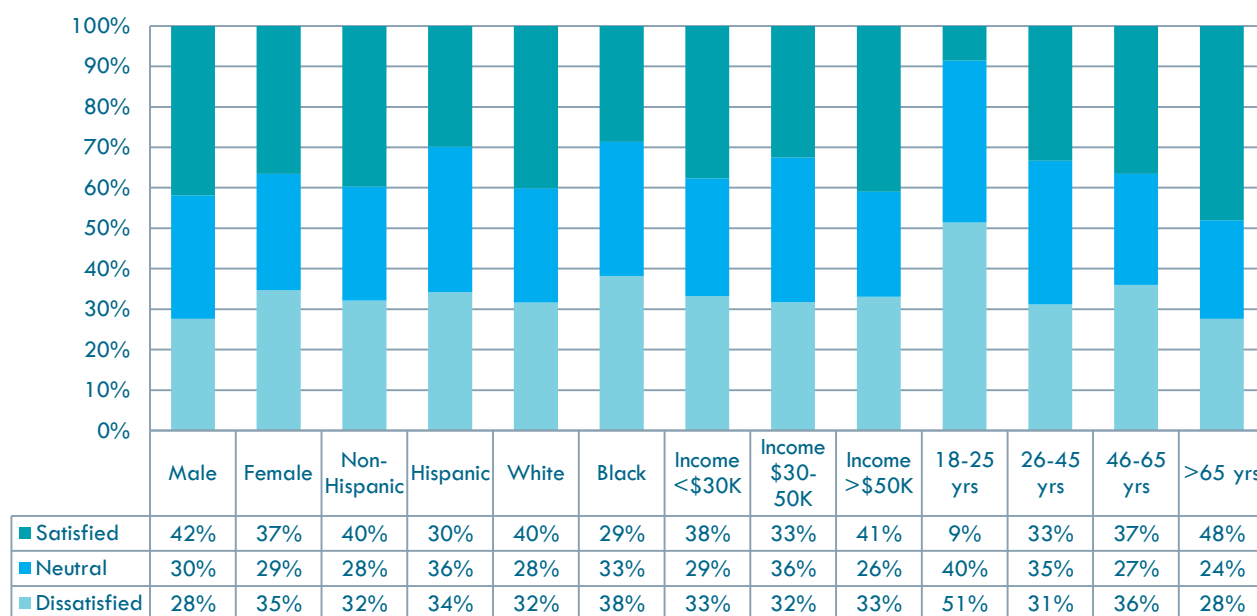
United Way ALICE Report – Florida (United Way 2014). The ALICE report on financial hardship in Florida also raises concerns about health care affordability and access. The report estimates that 43% of households in Manatee County are either living under the poverty level or earning less than the basic cost of living. According to the report, households under the ALICE threshold often lack health insurance or are underinsured. As a result, these households: forgo preventive health care; incur more out-of-pocket expenses; visit the ER for non-emergencies; and suffer lost work time and productivity due to poor health.

2015 CHA Community Health Survey. The Community Health Survey included the multiple-choice question, “How satisfied are you with health care in our community?” Community members’ answers revealed that less than half of respondents were satisfied with health care in the community:

- 39% of respondents were satisfied (“Satisfied” or “Very Satisfied”).
- 29% were neutral (“Neutral”).
- 32% were dissatisfied (“Unsatisfied” or “Very Unsatisfied”).

These health care satisfaction ratings are broken down by population groups in Figure 28, showing a similar pattern to that found for quality of life (Figure 27): more dissatisfaction among women, Hispanics, and Blacks; at lower levels of income; and – especially – in younger age groups.

Figure 28. Satisfaction with Health Care



Source: 2015 CHA Community Health Survey.

The 2015 CHA Community Health Survey results also suggest a link between health care access and dissatisfaction: Dissatisfied respondents more often reported being unable to access health care (at least once in the past year) because of barriers such as: (i) cost; (ii) not having health insurance; (iii) not being able to find a doctor to take their insurance; (iv) being unable to get an appointment; (v) not knowing where to go; or (vi) having no way to get to the doctor. One or more of these barriers was reported by 39% of respondents who were dissatisfied with health care, but only 16% of respondents who were satisfied with health care.

HEALTH PRIORITIES & CONCERNS

Community Healthcare Discussions (MCCS 2014). Participants in the 2014 Community Healthcare Discussions in Manatee County voiced many health priorities and concerns, including:

- Wellness; prevention through behavioral health and improved habits.
- Prevention initiatives in schools, hospitals.
- Individual responsibility and accountability.
- Role of non-profit and faith-based groups, private companies.
- Obesity, exercise, nutrition, healthy food access; community gardens.
- Mental health and substance abuse.
- Dental and vision care; diabetes care.
- Education of adults and children.
- Tools to help people locate health care; multilingual resources.
- Prenatal care; healthy mothers; teen pregnancy.
- Aging; falls; dementia.
- Jobs; guns; hunger.
- Medical marijuana.
- Environmental health: food, air, water, smoking in workplaces; bike and pedestrian safety.

2015 CHA Community Interviews. The Community Interviews in underserved areas included the questions: “What are some changes that could be made to help you live a healthier life?” and “What could be done to make this community healthier?” Answers were reviewed and clustered into themes shown in Figure 29.

Figure 29. Health Priorities & Concerns: Interviews in Underserved Communities

Major Themes Mentioned by Community Members in Underserved Areas (N = 46)	% of Responses Mentioning Theme
Jobs; job security; job skills training, education.	35%
Healthier diets, avoid fast food, better school food.	26%
Health education, drug education; pregnancy and violence prevention education.	20%
Homelessness prevention, services, safe places to stay, free meals, clothing.	20%
Health care; affordability; lack of health care services in East county; dental; vision.	20%
Violence, gun violence, safe neighborhoods	17%
Clean neighborhoods, environment; more trash cans, rest rooms.	17%
Chronic disease prevention/management (high blood pressure; cancer; diabetes; asthma).	17%
Exercise, recreational programs; community pools, sports, parks.	15%
Teen pregnancy.	13%
Housing; affordable housing.	11%
Youth programs, teen programs to keep them active and out of trouble; family resources	11%
Health insurance access.	9%
HIV testing and services.	9%
More police protection; improve relationships with police.	7%
Better transportation, including transportation to medical appointments.	7%
Smoking cessation; tobacco-free campuses at service centers.	7%

Source: 2015 CHA Community Interviews.

2015 CHA Community Partners Survey. The Community Partners Survey included two open-ended questions related to community health concerns and priorities: “What health concerns do you have for the Manatee County community?” and “Do you see room for improvement in any areas of the Manatee County community that could contribute to health or quality of life?” Answers to these questions were reviewed and clustered into themes, shown in Figure 30.

Figure 30. Health Priorities & Concerns Mentioned by Community Partners

Major Themes Mentioned by Community Partners (N = 15)
Affordable care; access to health care and health insurance; services for the underserved.
Obesity, physical activity; healthy food access.
Growth management; urban development; trails, green spaces; transportation; walkability.
Affordable housing.
Quality education, child care; educate on what services are available.
Integration of services; a common vision; collaboration of medical stakeholders.
Mental and behavioral health services; substance abuse prevention; stress relief.
Jobs, especially better paying jobs.
Disease prevention, management, including diabetes, heart disease, HIV.
Access to dental care.
Cultural/linguistic competency; bilingual programs.
Geriatric services, dementia screening.
Teen pregnancy.
Health services for pregnant women, children.

Source: 2015 Community Partners Survey.

Manatee-Sarasota Healthy Food Access Assessment (DOH-Manatee 2014). Focus groups conducted in neighborhoods with low food access also revealed health concerns and priorities. The focus groups were asked about their preferred ways to access fruits and vegetables, as well as perceived barriers. Analysis of transcripts of the discussions revealed several major themes, including:

- **Healthy Eating.** Residents viewed healthy eating as key to the health of their community and families.
- **Cost.** The most frequent theme was cost. Residents perceived eating healthy to be very expensive.
- **Education.** Residents wanted to learn more about how to eat healthy, how to plan and prepare healthy meals, and how to budget for food.
- **Healthy Food Access.** Residents perceived a lack of fresh, affordable food close to home. Preferred solutions included farm stands, mobile markets, vegetable delivery services, and community gardens.

These themes were echoed in the food access survey: 73% said they would find it easier to eat enough fruits and vegetables if they were less costly; 40% would find it easier to eat enough fruits and vegetables if available closer to home.

2015 CHA Community Health Survey. Respondents in the county-wide Community Health Survey were asked to choose the three most important community health problems facing the community, from a list of 21 factors related to poor health outcomes, illness, injury, and/or mortality. Figure 31 lists the ten most frequently selected health factors; and Figure 32 shows the top five selected by specific population groups.

Figure 31. Top 10 Community Health Concerns & Priorities

"Most Important Health Problems" Selected in Community Health Survey (N = 922)	% of Respondents Selecting the Health Problem
#1 Drug Abuse / Overdose	44%
#2 Mental Health	43%
#3 Aging Problems (arthritis, hearing loss, etc.)	33%
#4 Heart Disease and Stroke	25%
#5 Child Abuse / Neglect	23%
#6 Diabetes	23%
#7 Cancers	22%
#8 Teenage Pregnancy	13%
#9 High Blood Pressure	13%
#10 Domestic Violence	13%

Source: Community Health Survey (2015 CHA).

Figure 32. Top 5 Health Concerns & Priorities, by Demographic Group

	18-25 years	26-45 years	46-65 years	65years & over
#1	Drug Abuse/Overdose	Drug Abuse/Overdose	Mental health	Aging Problems
#2	Mental health	Mental health	Drug Abuse/Overdose	Mental health
#3	Child Abuse	Heart Disease	Aging Problems	Drug Abuse/Overdose
#4	Diabetes	Child Abuse	Diabetes	Heart Disease/Stroke
#5	Homicide	Cancers	Heart Disease	Cancers
	White	Black	Hispanic	
#1	Mental health	Drug Abuse/Overdose	Mental health	
#2	Drug Abuse/Overdose	Diabetes	Diabetes	
#3	Aging Problems	Mental Health	Drug Abuse/Overdose	
#4	Heart Disease/Stroke	Cancers	Heart Disease	
#5	Child Abuse	HIV/AIDS	Cancers	
	Less than \$30,000	\$30,000 to \$50,000	Over \$50,000	
#1	Drug Abuse/Overdose	Mental health	Mental health	
#2	Mental health	Drug Abuse/Overdose	Drug Abuse/Overdose	
#3	Aging Problems	Aging Problems	Aging Problems	
#4	Diabetes	Diabetes	Heart Disease/Stroke	
#5	Cancers	Heart Disease	Child Abuse	

Source: 2015 CHA Community Health Survey. Blue type highlights health problems not in the top 5 (for all respondents).

The Community Health Survey's open-ended item invited respondents to describe, in their own words, "the most important changes needed to achieve a healthy community in Manatee County." Almost two-thirds of respondents took the time to write or type an answer to this question. Almost all mentioned one or more areas of priority or concern. CTS Assessment subcommittee members devoted a two-hour session to qualitative review of these open-ended answers. This review identified the following recurring themes:

- Available, affordable and accessible services needed for: physical, dental, and mental health; drug and alcohol addiction; and prevention of overdose deaths.
- Lack of insurance and transportation as barriers to health care access.
- Prevention: healthy lifestyles; diet; behavior; obesity; diabetes; STIs; teen pregnancy.
- Education of adults on parenting, healthy lifestyles, what health care resources are available.
- Health education for children in schools; early childhood education.
- Healthy environments; safety of food, water.
- Safety: roads, pedestrians; guns, crime, human trafficking; safe homes, prevention of child abuse.
- Prevention of homelessness.
- Affordable housing as a prerequisite to health.

The Community Health Survey respondents' answers to the open-ended item on "the most important changes needed to achieve a healthy community" were also reviewed in a quantitative frequency analysis. This analysis identified 19 frequently occurring health-related words and phrases:

Low-Income; Substance Abuse; Reduce Obesity; Water; Health Care; Mental Health; Education; Traffic; Healthier Choices; Tobacco Cessation; Stress Management; Teenage Pregnancy; Affordable Housing; Healthy Options; Expansion; Community; Prevention; Drug Abuse; Transit.

COMMUNITY STRENGTHS & ASSETS

The Community Partners Survey included the open-ended question, “What assets do you think the Manatee County community has that can be used to improve community health?” Community partners’ answers to this question mentioned the following community strengths and assets:

- Natural surroundings and physical assets such as parks, beaches, preserves, trails.
- Unused land suitable for community gardens and affordable housing.
- Great climate to exercise, walking trails, parks; community leaders that are engaged.
- Large employers (schools, County, Tropicana, Publix).
- A strong health care infrastructure. Committed hospitals; Manatee Glens; Rural Health.
- Manatee Memorial Hospital; network of county-wide clinics; Manatee County health department; Blake Hospital; medical offices; schools.
- Local hospitals and health care partners could be a wonderful resource for healthy living education.
- Committed providers and concerned community advocates; County government that is engaged in improving health; green spaces.
- The many hospitals, professionals, health care services. Variety of community health organizations.
- A robust health care delivery system; courageous and compassionate leaders; an active business community through the Manatee Chamber; an active Health Department; County government staff; people who really care.
- A robust health care community who want to be engaged; innovative community partners.
- Highly skilled, caring healthcare providers who are willing to commit to making our community better and healthier. Expertise among retired medical personnel that could be tapped for volunteer service; network of good service providers in the community.

Key community themes and strengths identified in the CTS Assessment are summarized in Figure 33.

Figure 33. CTS Assessment: Summary of Key Findings

THEMES	STRENGTHS
<ul style="list-style-type: none"> • Quality of Life • Dissatisfaction with Health Care • Mental Health & Substance Abuse • Access to Health Care • Disparities in Quality of Life & Health Care • Primary & Preventive Health Care • Chronic Diseases • Education & Outreach • Healthy Food, Exercise & Obesity • Tobacco Cessation • Healthy Environments • Need for Affordable Housing • Homelessness • Violence • Teen Pregnancy • Education & Jobs • Health Needs of Children / Elder Residents • Traffic & Transit 	<ul style="list-style-type: none"> • Natural Surroundings & Climate • Parks, Preserves, Trails • Large Employers • Strong Health Infrastructure • Committed Health Providers & Community Advocates • Engaged County Government and Health Department • Collaboration between Community Partners • Non-Profit Agencies & Organizations Providing Health Care Services to the Community • Faith-Based Organizations Providing Services to Underserved Communities • Retirees as a Source of Medical Expertise and Volunteer Service

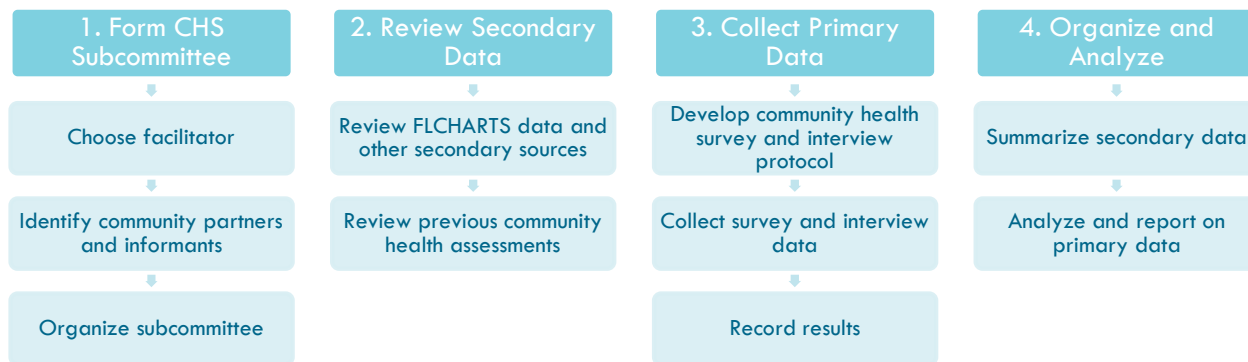
COMMUNITY HEALTH STATUS (CHS) ASSESSMENT

The objective of the CHS Assessment is to evaluate the health status of the community (NACCHO 2013). This is accomplished by gathering and reviewing quantitative information on health status, quality of life, and risk factors. The CHS Assessment answers questions such as:

- How healthy is the community?
- What is the health status of the community?

The CHS Assessment completed for Manatee County's 2015 CHA followed the steps shown in Figure 34. In a series of bi-monthly meetings between March and July of 2015, the CHS Subcommittee identified and reviewed existing secondary data on community health status. In addition, the subcommittee evaluated primary data collected in the Community Interviews and the Community Health Survey.

Figure 34. Steps of the Community Health Status (CHS) Assessment



Source: Adapted from the *MAPP Handbook* (NACCHO 2013).

The CHS Assessment Subcommittee reviewed health status in six domains: (i) **Overall Community Health Status**; (ii) **Causes of Death and Chronic Disease**; (iii) **Communicable Diseases**; (iv) **Health Across the Lifespan**; (v) **Mental and Behavioral Health**; and (vi) **Environmental and Social Determinants of Health**. Results for each domain are presented below.

OVERALL COMMUNITY HEALTH STATUS

Several kinds of data shed light on the overall status of community health in Manatee County: the 2015 County Health Rankings; all-cause mortality rates; and survey data on community health and self-rated health.

2015 County Health Rankings. The County Health Rankings (UWPHI 2015) assess US counties on 35 health factors and health outcomes:

- Health Factors are evaluated in four domains: Health Behaviors; Clinical Care; Social and Economic Factors; and Physical Environment.
- Health Outcomes are measured in two domains: Length of Life and Quality of Life.

In 2015 Manatee County was ranked #20 among Florida's 67 counties on Health Factors (top 30%), and #23 on Health Outcomes (top 35%).

2015 County Health Rankings data for Manatee County and its eight Peer Counties are shown in Figure 35, revealing the following:

- Manatee County's rankings are at or near the Peer County group median on:
 - Health Factors;
 - Health Outcomes;
 - Both domains of Health Outcomes (Length of Life, Quality of Life).
- Between 2013 and 2015 Manatee County's rankings:
 - Improved on Health Factors (from 23rd to 20th);
 - Improved on Quality of Life (from 14th to 12th);
 - Declined on Health Outcomes (from 21st to 23rd);
 - Declined on Length of Life (from 25th to 31st).

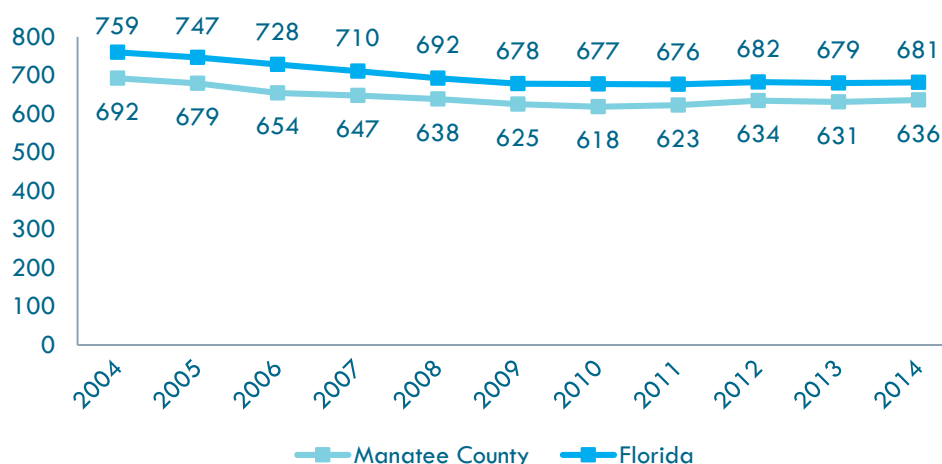
Figure 35. 2015 County Health Rankings: Manatee County & Its 8 Peer Counties

HEALTH FACTORS	HEALTH OUTCOMES		
	Overall	Length of Life	Quality of Life
3 rd : Sarasota County	2 nd : Collier County	3 rd : Collier County	3 rd : Martin County
6 th : Collier County	3 rd : Martin County	5 th : Martin County	5 th : Sarasota County
8 th : Martin County	6 th : Sarasota County	14 th : Sarasota County	7 th : Collier County
20th: Manatee County ↑	20 th : Lee County	15 th : Lee County	12th: Manatee County ↑
23 rd : Brevard County	23rd: Manatee County ↓	23 rd : St. Lucie County	20 th : Lee County
24 th : Lee County	26 th : St. Lucie County	31st: Manatee County ↓	23 rd : Brevard County
27 th : Volusia County	32 nd : Brevard County	37 th : Brevard County	37 th : St. Lucie County
35 th : St. Lucie County	42 nd : Marion County	46 th : Volusia County	39 th : Marion County
38 th : Marion County	45 th : Volusia County	48 th : Marion County	50 th : Volusia County

Source: 2015 County Health Rankings. Table shows each county's ranking out of Florida's 67 counties; lower rankings are more favorable. Green arrows show a better ranking compared to 2013; red arrows show a worse ranking compared to 2013.

All-Cause Death Rate. The all-cause death rate is the rate of death due to all causes. Figure 36 shows age-adjusted all-cause death rates for Manatee County and Florida from 2004 to 2010. At 636 per 100,000 in 2014, Manatee County's death rate is in the most favorable quartile of Florida counties, lower than both state and Peer County averages (respectively 681 and 661 per 100,000).

Figure 36. All-Cause Death Rate



Source: Florida Department of Health, Bureau of Vital Statistics (Florida CHARTS). The rates shown are age-adjusted 3-year rolling rates per 100,000.

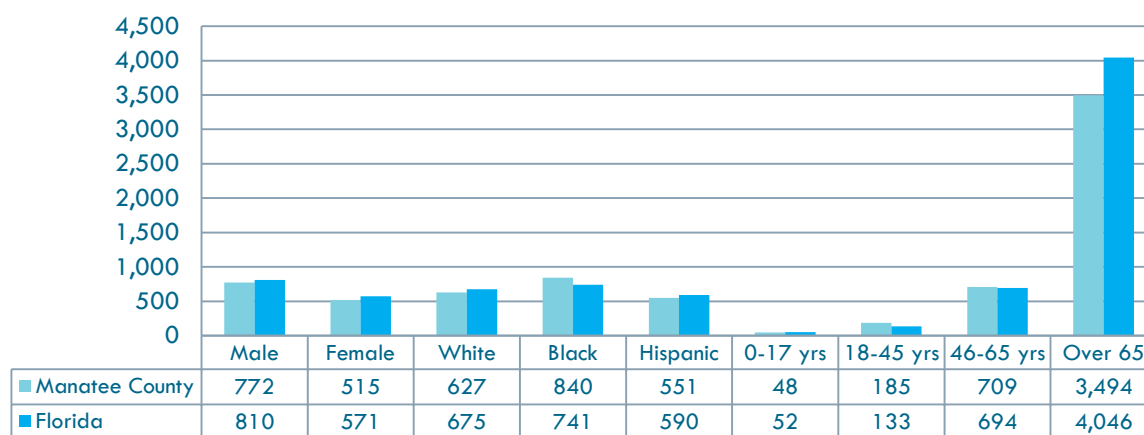
The all-cause death rates in Figure 36 reveal the following trends:

- From 2004 to 2010 the death rate declined in Manatee County and in Florida; since 2010 both rates show a slight upward trend.
- Since 2004 Manatee County's all-cause death rate has been consistently lower than the state rate.

Figure 37 shows all-cause death rates for Manatee County and Florida, broken down by gender, race, ethnicity, and age groups. These county and state rates reveal similar patterns and disparities:

- A large majority of deaths are in the over 65 age group.
- Age-adjusted death rates are higher for men as compared with women.
- Considering the three racial and ethnic groups included in the figure, age-adjusted death rates are lowest among Hispanic and highest among Black residents.

Figure 37. All-Cause Death Rate by Population Groups



Source: Florida Department of Health, Bureau of Vital Statistics (Florida CHARTS). 3-year rolling rates for 2012-2014 are shown. Rates are age-adjusted (except rates for the age groups, which are crude rates).

Figure 37 shows favorable (relatively low) age-adjusted death rates in Manatee County, compared to Florida as a whole, in 6 of the 9 population groups: males and females; White and Hispanic residents; children; and those aged over 65. In contrast, three population groups show unfavorably high death rates in Manatee County, compared to Florida: Black residents; those aged 18-45 years; and those aged 46-65 years. These results suggest a disproportionately high burden of death among Manatee County's Black residents, as well as its residents in early and middle adulthood.

Survey Ratings of Community Health. Survey ratings also shed light on overall health status in the community. The 2015 CHA Community Interviews included the question, "How would you rate the health of this community, "5" being very healthy and "1" being very unhealthy?" Replies to this question revealed that:

- 17% of Community Interview responses revealed perceptions of a healthy community (ratings above 3);
- 42% revealed a neutral view (ratings of 3);
- 42% showed perceptions of an unhealthy community (ratings below 3).

The 2015 CHA Community Health Survey included a similar question: "How would you rate the overall health of our community?" Respondents could choose one of five answers: Very Unhealthy; Unhealthy; Neutral; Healthy; or Very Healthy. A total of 1,299 respondents answered this question, yielding answers similar to those in the Community Interviews:

- 17% of Community Health Survey respondents saw the community as "Healthy" or "Very Healthy";
- 47% expressed a neutral view;
- 36% saw the community as "Unhealthy" or "Very Unhealthy".

The Community Health Survey ratings of community health are broken down by socio-demographic groups in Figure 38, showing that the community was viewed as healthy more often (by a margin > 5%) by men; those aged over 65; and those with less than a high school education. The community was viewed as unhealthy more often (by a margin > 5%) by Black and Hispanic respondents; and by those aged 26-45 years.

Figure 38. “How Would You Rate the Overall Health of Our Community?”

	Healthy or Very Healthy	Neutral	Unhealthy or Very Unhealthy		Healthy or Very Healthy	Neutral	Unhealthy or Very Unhealthy
GENDER				AGE			
Male	24%	47%	29%	18 to 25 years	17%	54%	29%
Female	13%	47%	40%	26 to 45 years	14%	43%	44%
RACE/ETHNICITY				46 to 65 years	15%	46%	39%
White	17%	47%	36%	65+ years	23%	53%	24%
Black	15%	43%	42%	EDUCATION			
Hispanic	13%	39%	48%	Less than 12 th	27%	46%	27%
HOUSEHOLD INCOME				Grade 12 or GED	14%	46%	40%
0-\$29,999	15%	46%	39%	College 1-3 years	14%	52%	34%
\$30,000-\$49,999	15%	48%	37%	College 4+ years	19%	44%	37%
\$50,000 or more	17%	46%	37%	TOTAL (N = 1,299)	17%	47%	36%

Source: 2015 CHA Community Health Survey.

Self-Rated Health. People’s ratings of their own health are a surprisingly accurate basis for predicting actual health outcomes (DeSalvo et al. 2005). Two types of self-rated health data were reviewed by the CHS Subcommittee: the 2013 Florida BRFSS Survey (Figure 39) and the 2015 CHA Community Health Survey (Figure 40). These two surveys show consistent disparities in self-rated health related to ethnicity, income, and education, namely: poorer self-rated health among Hispanic as compared with White and Black residents; and poorer self-rated health at lower levels of income and education.

Figure 39. Percentage of Adults Rating Their Own Health as “Good” to “Excellent”

	Manatee County 2013 BRFSS	Florida 2013 BRFSS		Manatee County 2013 BRFSS	Florida 2013 BRFSS
GENDER			AGE		
Male	78%	82%	18 to 44 years	81%	87%
Female	79%	79%	45 to 64 years	77%	76%
RACE/ETHNICITY			65+ years	77%	75%
White (Non-Hispanic)	83%	82%	EDUCATION		
Black (Non-Hispanic)	n/a	80%	Less than 12 th Grade	45%	63%
Hispanic	52%	76%	Grade 12 or GED	75%	79%
HOUSEHOLD INCOME			> High school	89%	86%
<\$25,000	60%	66%			
\$25,000-\$49,999	83%	82%			
\$50,000 or more	92%	92%	TOTAL (N = 1,299)	78%	81%

Source: 2013 Florida BRFSS. n/a = Not available due to respondent counts of less than 30.

Figure 40. “How Would You Rate Your Own Personal Health?”

Manatee County 2015 CHA Community Survey				Manatee County 2015 CHA Community Survey			
	Healthy or Very Healthy	Neutral	Unhealthy or Very Unhealthy		Healthy or Very Healthy	Neutral	Unhealthy or Very Unhealthy
GENDER				AGE			
Male	71%	20%	9%	18 to 25 years	67%	25%	8%
Female	68%	22%	10%	26 to 45 years	65%	25%	10%
RACE/ETHNICITY				46 to 65 years	69%	22%	10%
White	70%	21%	9%	Over 65 years	75%	19%	6%
Black	65%	23%	12%	EDUCATION			
Hispanic	47%	36%	17%	Less than 12 th Grade	40%	38%	22%
HOUSEHOLD INCOME				Grade 12 or GED	58%	28%	14%
0-\$29,999	56%	28%	16%	College 1-3 years	66%	23%	11%
\$30,000-\$49,999	67%	24%	10%	College 4+ years	76%	18%	6%
\$50,000 or more	75%	18%	7%	TOTAL (N = 1,299)	69%	22%	10%

Source: 2015 CHA Community Health Survey.

Figure 41. 15 Major Causes of Death: Rates of Death, Ranking of Death Rates & YPLL < 75

Major Causes of Death	Age-Adjusted Death Rate per 100,000 (3-yr rolling rates)						Ranking of Age-Adjusted Death Rate			YPLL Years of Potential Life Lost < 75 years		
	Manatee County		Peer Counties		FL		Mana- tee County	Peer Count- ies	FL	Mana- tee County	Peer Count- ies	FL
	2011	2014	2011	2014	2011	2014	2014	2014	2014	2014	2014	2014
ALL CAUSES	623	↓636	645	↑661	676	↑681				8,407	7,738	7,315
Heart Disease	157	↓151	137	↑144	154	↑155	#1	#2	#2	1,260	1,104	1,033
Cancer	149	↓146	157	↑159	161	↓158	#2	#1	#1	1,773	1,865	1,620
Unintentional Injuries	47	↑49	49	↓45	42	↓40	#3	#3	#3	1,711	1,107	1,092
Chronic Lower Resp. Dis.	33	33	39	↑42	39	↑40	#4	#4	#4	227	315	231
Stroke	30	↓29	29	29	31	↑32	#5	#5	#5	211	200	190
Suicide	16	16	17	17	14	14	#6	#8	#8	434	463	405
Diabetes Mellitus	12	12	16	↑17	20	20	#7	#7	#6	184	217	216
Kidney Disease	11	↑12	10	↓9	12	↓11	#8	#10	#1	65	69	80
Chronic Liver Disease	13	↓12	12	↑14	11	11	#9	#9	#9	345	330	238
Alzheimer's Disease	8.8	↑10	16	↑20	16	↑18	#10	#6	#7	13	17	11
Homicide	6.9	↑8.5	5.5	↓5.4	6.3	6.3	#11	#14	#1	316	190	255
Septicemia	5.6	↑7.0	6.0	↓5.7	7.4	↑7.8	#12	#13	#1	73	74	79
Parkinson's Disease	5.0	↑6.0	6.4	↑7.0	6.3	↑6.9	#13	#12	#1	6	13	11
Pneumonia/Influenza	4.5	↑5.3	7.7	↓7.3	9.0	↑9.4	#14	#11	#1	38	74	89
AIDS/HIV	3.4	↑3.5	3.3	↓2.6	5.6	↓4.4	#15	#15	#1	108	81	118

Source: FL Department of Health, Bureau of Vital Statistics (Florida CHARTS). Peer County data were computed as unweighted averages. Green shading in first column highlights causes of death on which Manatee County ranks in the 1st (most favorable) quartile among Florida counties; pink shading highlights the cause of death on which Manatee ranks in the 4th (least favorable) quartile. Death rates presented are 3-year rolling rates for 2009-2011 and for 2012-2014. Arrows mark trends downward (green) and upward (red) between the 2011 and 2014 time periods. The rankings of cause of death are based on the age-adjusted death rates presented in this table. Years of Potential Life Lost < 75 years (YPLL) is the number of years of potential life lost by each death occurring before the age of 75 years, as a proportion of the total population up to age 75 years.

CAUSES OF DEATH & CHRONIC DISEASE

Data on 15 leading causes of death are shown in Figure 41 (above), including death rates and Years of Potential Life Lost (YPLL). YPLL is an indicator of disease burden that takes into account both the number of lives lost to a disease and the age at which life is lost. These data reveal the following general patterns:

- Compared to the Peer Counties and Florida as a whole, Manatee County has a favorable (relatively low) all-cause death rate but an unfavorable (relatively high) all-cause YPLL.
- The same five causes of death make up the top five in Manatee County, the Peer Counties, and Florida.
- Heart disease is the #1 cause of death in Manatee County; and cancer is the #1 cause of death in the Peer Counties and statewide.
- Compared to the Peer Counties and Florida as a whole, Manatee County has relatively low death rates for 6 major causes: cancer; chronic lower respiratory disease; stroke; diabetes mellitus; Alzheimer's disease; and pneumonia/influenza.
- Compared to the Peer Counties and Florida as a whole, Manatee County has relatively high death rates for 3 major causes: unintentional injuries, kidney disease, and homicide.

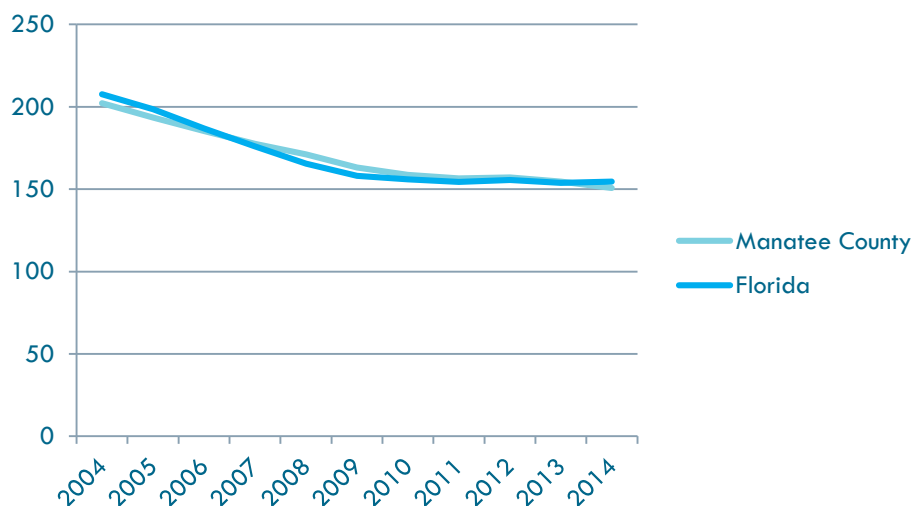
The remainder of this section reviews death rates, YPLL, and other data on 11 specific causes of death and chronic disease: heart disease; cancer; unintentional injuries; chronic lower respiratory disease; stroke; suicide; diabetes; kidney disease; chronic liver disease; and homicide.

Heart Disease

Heart disease is the leading cause of death for both men and women in the US, as well as a leading cause of disability. Together with stroke, heart disease accounts for more than \$300 billion in health care expenditures and lost productivity annually (HHS 2015). The term heart disease encompasses many different problems and conditions, including coronary heart disease, hypertensive heart disease, heart attack, and heart failure. Many effects of heart disease can be delayed or prevented with healthier lifestyles and disease management.

In Manatee County heart disease is responsible for 151 deaths per 100,000 annually, and more than 1,200 YPLL (Figure 41). This death rate is slightly lower than the state rate (155 per 100,000), but higher than the Peer County rate (144 per 100,000). Consistent with national trends, the heart disease death rate in Manatee County and statewide has trended downward in recent years, falling by about 25% since 2004 (Figure 42).

Figure 42. Heart Disease Death Rates: 2004-2014

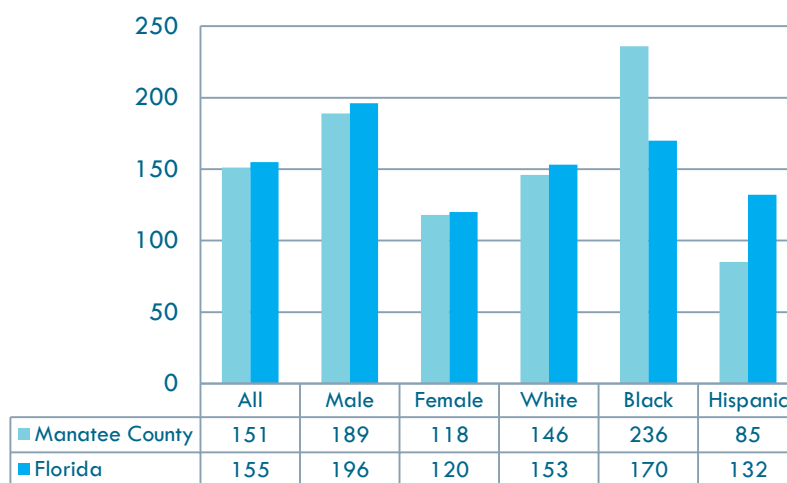


Source: Florida Department of Health, Bureau of Vital Statistics (Florida CHARTS).
Note: Figure shows age-adjusted, 3-year rolling rates per 100,000.

Manatee County's decreasing heart disease death rate applies across different gender, racial, and ethnic groups. As Figure 43 shows, however, heart-disease death rates show noteworthy disparities:

- Death rates from heart disease are higher for men than for women, both in Manatee County and in Florida as a whole.
- Deaths from heart disease are more frequent among Blacks as compared with Whites, and least frequent among Hispanics. These racial and ethnic differences are seen both in Manatee County and in Florida, but they are more extreme in Manatee County than in Florida as a whole.

Figure 43. Heart Disease Death Rates by Population Group



Source: Florida CHARTS. Note: The data shown are age-adjusted, 3-year rolling rates per 100,000 for 2012-2014.

Heart Attack & Coronary Heart Disease. Deaths due to heart attack and coronary heart disease account for most heart disease deaths. Fortunately, death rates from both of these types of heart disease are declining in Manatee County as well as in Florida.

Between 2004 and 2014, heart attack deaths declined from 45 to 26 per 100,000, and coronary heart disease deaths dropped from 160 to 102 per 100,000 (age-adjusted, 3-year rolling rates; Florida CHARTS). This means that Manatee County currently meets the Healthy People 2020 target of 103.4 coronary heart disease deaths per 100,000.



Heart Failure & Hypertensive Heart Disease. Two less common forms of heart disease are heart failure and hypertensive heart disease. Heart failure, also known as congestive heart failure, occurs when the heart cannot pump enough blood and oxygen to support the body. Hypertensive heart disease refers to a number of heart conditions caused by high blood pressure. Data on heart failure and hypertensive heart disease show the following:

- Between 2004 and 2014, the rate of death due to heart failure rose in Manatee County (from 5 to 10 per 100,000) and in Florida (from 7 to 11 per 100,000).
- Deaths due to hypertensive heart disease have been relatively stable over the past decade. In Manatee County the rate was 8 per 100,000 in 2014; this compares with 10 per 100,000 in Florida as a whole.

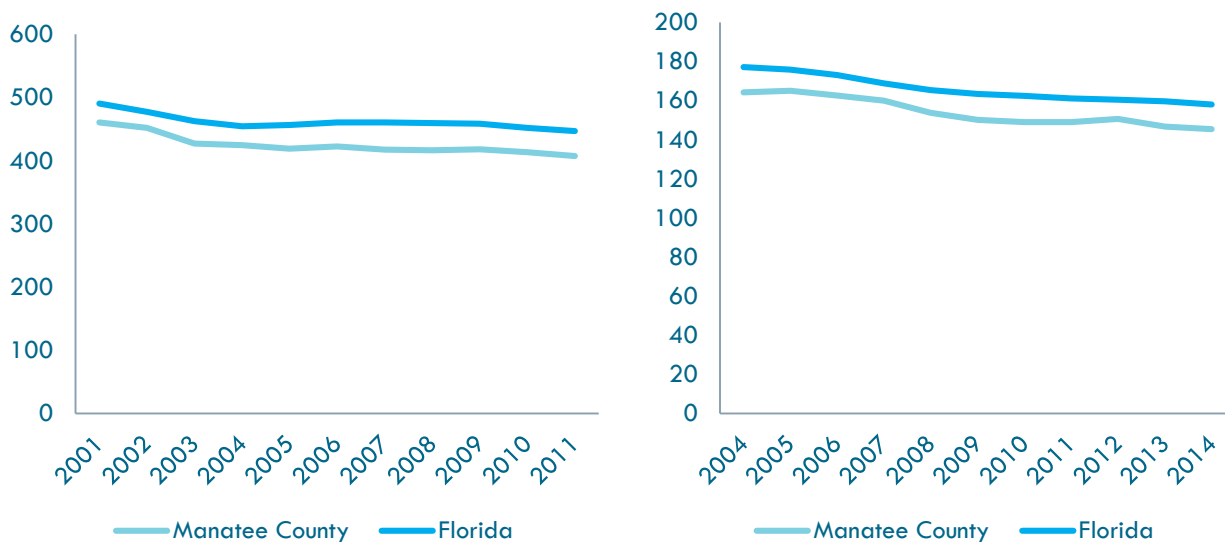
Cancer

Cancer is a leading cause of death in the United States, second only to heart disease. Nationally, cancer incidence is estimated at 450.6 per 100,000, and the cancer death rate is 168.7 per 100,000 (CDC/USCS 2015). Advances in prevention, detection, and treatment have led to decreased cancer incidence and death rates. Leading causes of cancer death are lung cancer, breast cancer, prostate cancer, and colorectal cancer.

In Manatee County cancer is the #2 cause of death, with an age-adjusted annual death rate of 146 per 100,000 and more than 1,700 years of potential life lost (Figure 41). This cancer death rate is lower than the Peer County average (159 per 100,000) and the state rate (158 per 100,000). In fact, Manatee County's cancer death rate in 2014 was in the most favorable quartile of Florida counties (8th lowest).

Overall, both incidence and death rates from cancer have shown gradual but steady declines in recent years. Between 2001 and 2011, cancer incidence declined from 461 to 408 per 100,000 in Manatee County, and from 491 to 447 per 100,000 in Florida (Figure 44).

Figure 44. Cancer Incidence Rates (left) and Death Rates (right)



Source of Incidence Rates: University of Miami (FL) Medical School, Florida Cancer Data System (Florida CHARTS).

Source of Death Rates: Florida Department of Health, Bureau of Vital Statistics (Florida CHARTS).

Note: Figures show age-adjusted, 3-year rolling rates per 100,000.

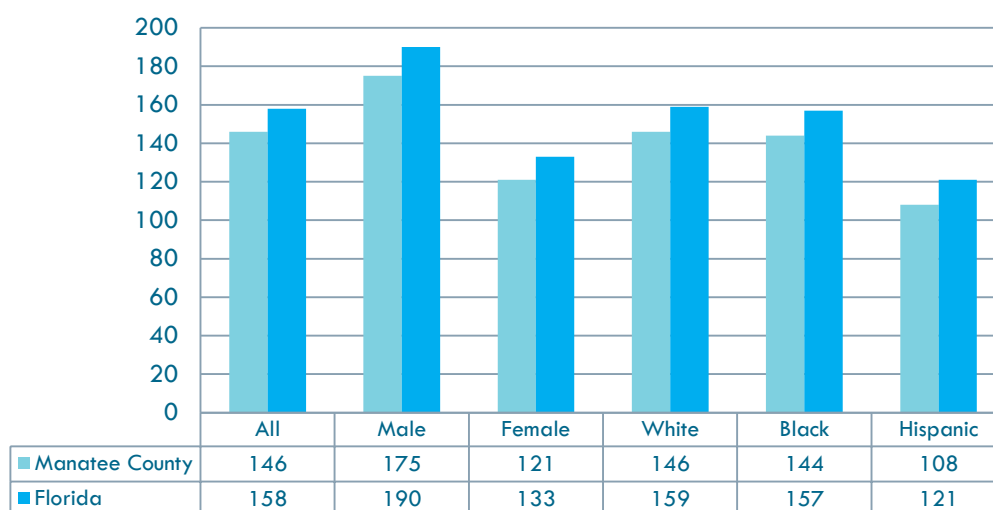
Between 2004 and 2014 the cancer death rate decreased from 164 to 146 per 100,000 in Manatee County, and from 177 to 158 per 100,000 in Florida (Figure 44). These declines are consistent with national trends. The Healthy People 2020 national target is to reduce cancer deaths to a rate of 161.4 per 100,000. With 146 cancer deaths per 100,000, Manatee County currently meets this target.



The decreasing cancer death rates seen in Figure 44 apply across gender, racial, and ethnic groups. Figure 45 shows group differences in cancer deaths, revealing similar patterns both in Manatee County and in Florida:

- Cancer death rates are higher for males than for females.
- Cancer death rates are higher among White and Black residents, as compared with Hispanic residents.

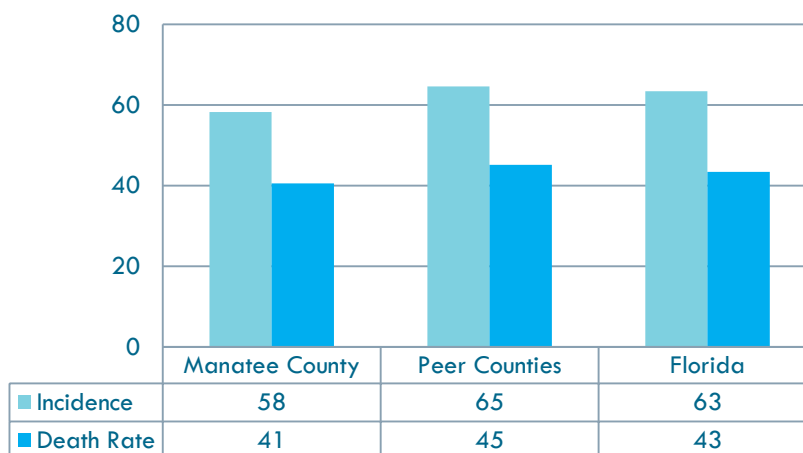
Figure 45. Cancer Death Rates by Population Group



Source: Florida Department of Health, Bureau of Vital Statistics (Florida CHARTS).
Note: Figure shows age-adjusted, 3-year rolling rates per 100,000 for 2012-2014.

Lung Cancer. Lung cancer ranks 3rd among cancers in incidence, and is the leading cause of cancer death both in the US and in Florida. Recent national data show lung cancer incidence of 61 per 100,000 and lung cancer deaths of 46 per 100,000 (CDC/USCS 2015).

Figure 46. Lung Cancer Incidence (2011) & Death Rate (2014)



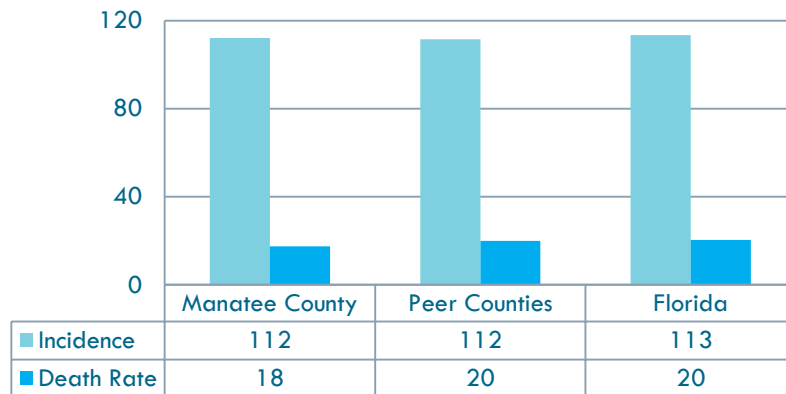
Source: Death Rates: Florida DOH, Bureau of Vital Statistics. Incidence Data: University of Miami Medical School, Florida Cancer Data System (via Florida CHARTS). Note: Figure shows age-adjusted, 3-year rolling rates per 100,000.

In Manatee County lung cancer incidence and death rates are lower than in the Peer Counties and in Florida (Figure 46). Manatee County shows both falling lung cancer incidence and a falling lung cancer death rate. At 43 per 100,000 in 2014, Manatee County's lung cancer death rate currently meets the Healthy People 2020 target of 45.5 lung cancer deaths per 100,000.



Breast Cancer. Breast cancer ranks 1st among cancers in incidence and is the 2nd leading cause of cancer deaths, both in the US and in Florida. Recent national data show breast cancer incidence of 122.0 per 100,000 and breast cancer deaths of 21.5 per 100,000 (CDC/USCS 2015).

Figure 47. Breast Cancer Incidence (2011) & Death Rate (2014)



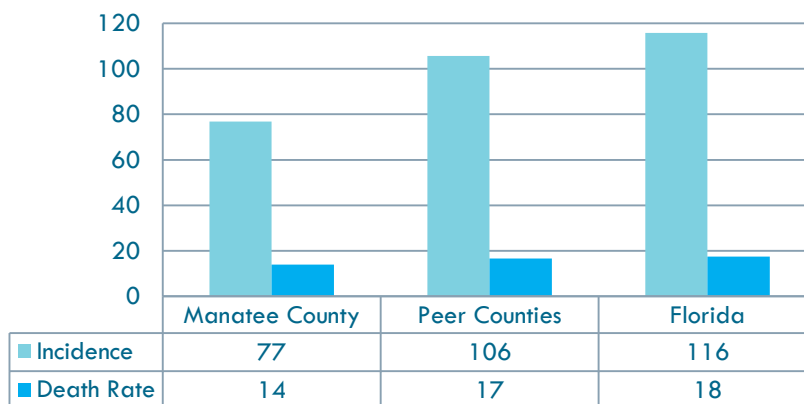
Source: Death Rates: Florida DOH, Bureau of Vital Statistics. Incidence Data: University of Miami Medical School, Florida Cancer Data System (via Florida CHARTS). Note: Figure shows age-adjusted, 3-year rolling rates per 100,000.

Manatee County shows similar breast cancer incidence, and a somewhat lower breast cancer death rate, than the Peer Counties and Florida (Figure 47). However, in recent years the county has seen rising breast cancer incidence, as well as a rising death rate. Manatee County currently meets the Healthy People 2020 national target of 20.7 breast cancer deaths per 100,000.



Prostate Cancer. Prostate cancer has the highest incidence of cancers in the US, and is the 3rd leading cause of cancer deaths both in the US and in Florida. Nationally prostate cancer has an incidence of 128 per 100,000 and a death rate of 21 per 100,000 (CDC/USCS 2015).

Figure 48. Prostate Cancer Incidence (2011) & Death Rate (2014)



Source: Death Rates: Florida DOH, Bureau of Vital Statistics. Incidence Data: University of Miami Medical School, Florida Cancer Data System (via Florida CHARTS). Note: Figure shows age-adjusted, 3-year rolling rates per 100,000.

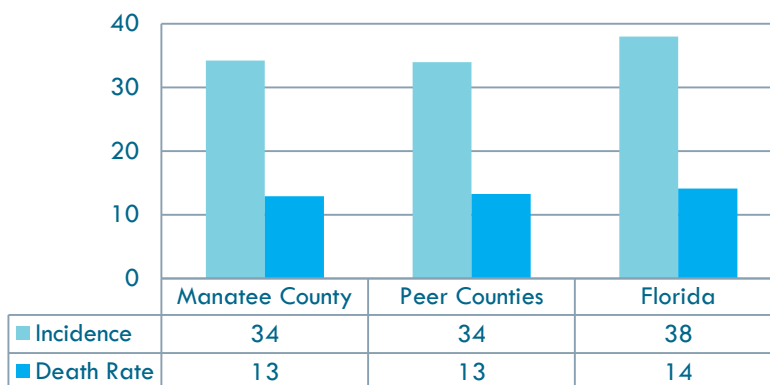
Prostate cancer incidence and death rates are lower in Manatee County than in the Peer Counties and Florida (Figure 48). Manatee County also shows downward trends both in incidence and in deaths from prostate cancer; and the county currently meets the Healthy People 2020 target of 21.8 prostate cancer deaths per 100,000.



Colorectal Cancer. Colorectal cancer ranks 4th among cancers in incidence, and is the 4th leading cause of cancer deaths, both in the US and in Florida. National data show colorectal cancer incidence of 40 per 100,000 and colorectal cancer deaths of 15 per 100,000 (CDC/USCS 2015).

In Manatee County colorectal cancer incidence (34 per 100,000) and death rates (13 per 100,000) are somewhat lower than the state rates (Figure 49). (However, fewer Manatee County adults aged over 50 years reported having a colonoscopy in the past 5 years, compared to the state; see Figure 98, later section).

Figure 49. Colorectal Cancer Incidence (2011) & Death Rate (2014)



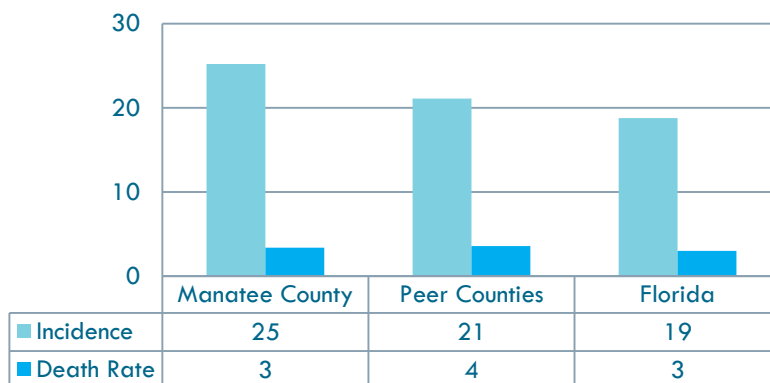
Source: Death Rates: Florida DOH, Bureau of Vital Statistics. Incidence Data: University of Miami Medical School, Florida Cancer Data System (via Florida CHARTS). Note: Figure shows age-adjusted, 3-year rolling rates per 100,000.

In recent years Manatee County shows falling colorectal cancer incidence and a stable colorectal cancer death rate. The county currently meets Healthy People 2020 targets to reduce colorectal cancer incidence to 39.9 per 100,000 and deaths to 14.5 per 100,000.



Melanoma. Skin cancer is the most common type of cancer in the US, and melanoma is the form of skin cancer that is responsible for most skin cancer deaths. Recent national data show melanoma incidence of 19.7 per 100,000 and melanoma deaths of 2.7 per 100,000 (CDC/USCS 2015).

Figure 50. Melanomas of the Skin: Incidence (2011) & Death Rate (2014)



Source: Death Rates: Florida DOH, Bureau of Vital Statistics. Incidence Data: University of Miami Medical School, Florida Cancer Data System (via Florida CHARTS). Note: Figure shows age-adjusted, 3-year rolling rates per 100,000.

Manatee County has higher melanoma incidence, and a similar melanoma death rate, compared to the Peer Counties and Florida (Figure 50). In recent years melanoma incidence has increased somewhat, whereas the melanoma death rate has been relatively stable, both in Manatee County and in Florida. Manatee County does not currently the Healthy People 2020 target to reduce melanoma deaths to 2.4 per 100,000.



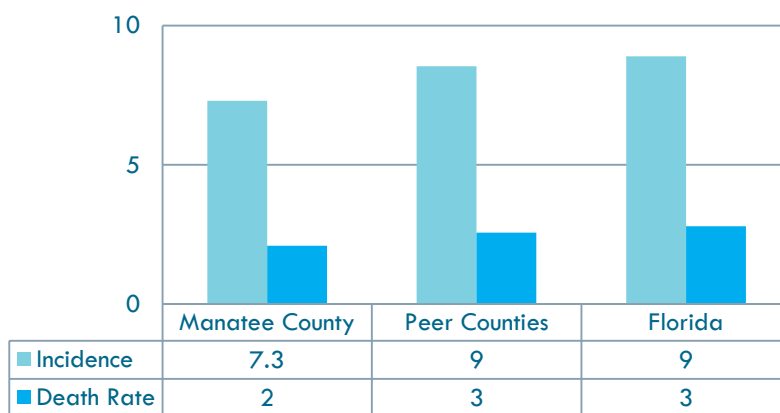
Cervical Cancer. Cervical cancer is diagnosed in about 12,000 US women each year and leads to 2.3 deaths per 100,000; when caught early with screening tests like the PAP smear, it is highly treatable (CDC 2015).

Cervical cancer incidence and death rates are lower in Manatee County than in the Peer Counties and Florida (Figure 51). In recent years Manatee County shows falling incidence and death rates from cervical cancer, compared to more stable state rates. Manatee County is nearing the Healthy People 2020 targets to reduce cervical cancer incidence and deaths to respectively 7.2 and 2.2 per 100,000.



2013 BRFSS survey data show a higher percentage of women receiving a PAP smear in the past year in Manatee County (57%) compared to the Peer Counties (49%) and Florida (51%). The Healthy People 2020 national target is for 93% of women to receive a PAP smear in the past 3 years; data for this 3-year screening interval are not available for Manatee County.

Figure 51. Cervical Cancer Incidence (2011) & Death Rate (2014)



Source: Death Rates: Florida DOH, Bureau of Vital Statistics. Incidence Data: University of Miami Medical School, Florida Cancer Data System (via Florida CHARTS). Note: Data are age-adjusted, 3-year rolling rates per 100,000 females.

Unintentional Injuries

Unintentional injuries are the #1 cause of death for Americans and Floridians aged 1-44 years. Unintentional injury deaths are responsible for more years of potential life lost before age 65 years than any other cause of death (CDC/MMWR 2012).

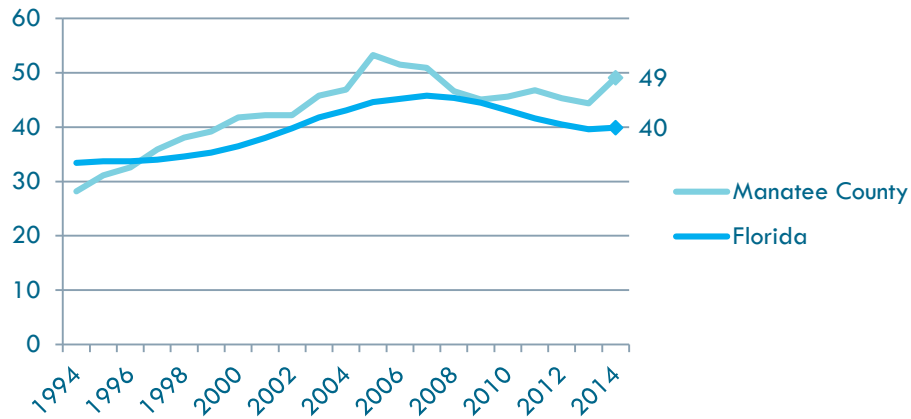
In Manatee County unintentional injuries are the #3 cause of death, accounting for 49 annual deaths per 100,000. Unintentional injuries are responsible for more than 1,700 YPLL in Manatee County, over 50% more than the corresponding Peer County and state rates (Figure 41).

As Figure 52 shows, the rate of deaths due to unintentional injuries has increased over the past decade in Manatee County and in Florida, although these rates are down somewhat since the mid-2000s. This contrasts with national rates, which have remained within a lower and more stable range in recent years (35 to 40 unintentional injury deaths per 100,000; CDC 2015).

The Healthy People 2020 target is to reduce unintentional injury deaths to a rate of 36.4 per 100,000; with a current rate of 49 per 100,000, Manatee County does not meet this national target.



Figure 52. Unintentional Injury Death Rate (1994-2014)

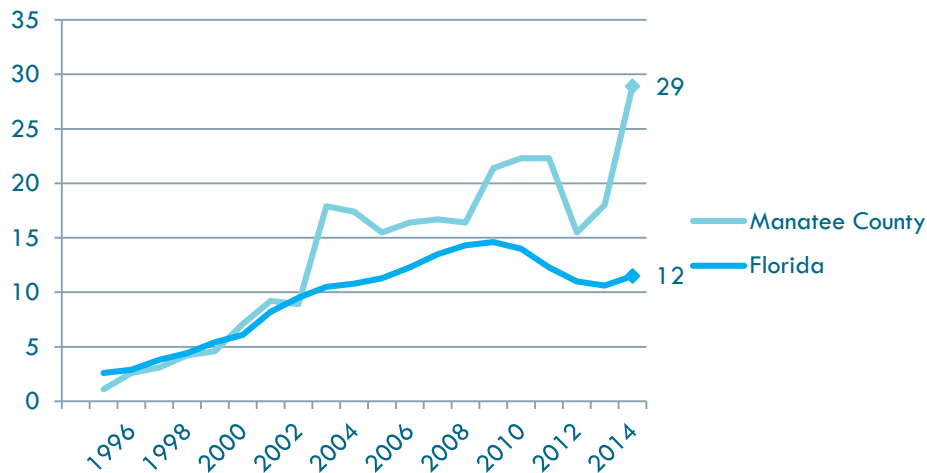


Source: Florida Department of Health, Bureau of Vital Statistics (Florida CHARTS).
Note: Figure shows age-adjusted, 3-year rolling rates per 100,000.

Unintentional Poisoning. The most frequent causes of unintentional injury death are unintentional poisoning (including drug overdose), traffic accidents, falls, and drowning. Unintentional poisoning includes overdose of prescription or nonprescription drugs and is the most frequent cause of unintentional injury death in Florida.

Figure 53 shows single-year unintentional poisoning death rates since 1996. In this period the death rate has risen in Manatee County from near zero levels to 29 per 100,000 in 2014. This 2014 single-year rate is the highest of any county in Florida. (Manatee County's 3-year rolling rate of 21 per 100,000 in 2012-2014 is the third highest among Florida's 67 counties.)

Figure 53. Unintentional Poisoning Deaths (1996-2014)

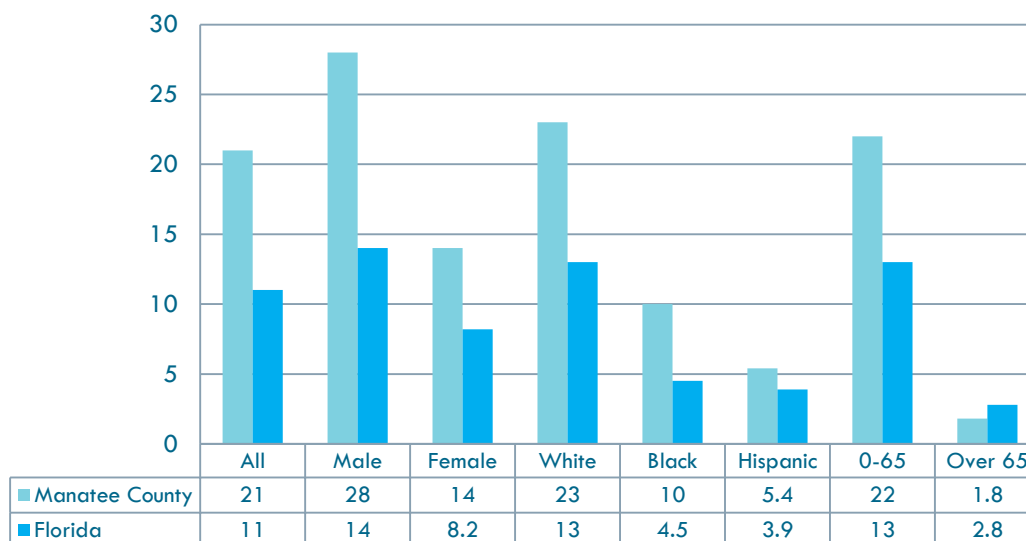


Source: Florida Department of Health, Bureau of Vital Statistics (Florida CHARTS).
Note: Figure shows age-adjusted, single-year rates per 100,000.

Figure 54 shows unintentional poisoning death rates for different population groups. These data reveal that:

- Unintentional poisoning deaths – including overdose of prescription and nonprescription drugs – disproportionately affect males, White residents, and those aged younger than 65 years; these patterns apply to both Manatee County and the state.
- A disproportionately large unintentional poisoning death rate in Manatee County (compared to the state) applies across all the gender, age, racial, and ethnic groups in Figure 54 except one: In the over 65 age group, the unintentional poisoning death rate in Manatee County is lower than the state rate.

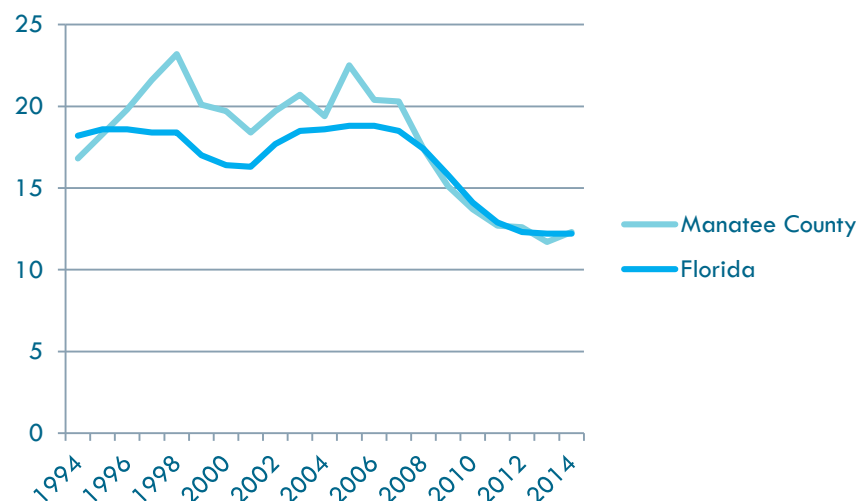
Figure 54. Unintentional Poisoning Deaths by Population Group



Source: Florida Department of Health, Bureau of Vital Statistics (Florida CHARTS).
 Note: Crude rates are given for the age groups; all other rates are age-adjusted.
 The data shown are 3-year rolling rates per 100,000 for 2012-2014.

Motor Vehicle Crash Deaths. Motor vehicle crashes are the second largest cause of unintentional injury deaths in Florida. As Figure 55 shows, motor vehicle crash deaths show a mainly downward trend in Manatee County since the 1990s, with a steep drop since 2005. In 2014 the motor vehicle crash death rate was 12 per 100,000 in Manatee County and in Florida. A related finding is that that 97% of Manatee County adults report “always” or “nearly always” using seat belts when driving or riding in a car (versus only 94% statewide; BRFSS 2013).

Figure 55. Motor Vehicle Crash Death Rate (1995-2014)

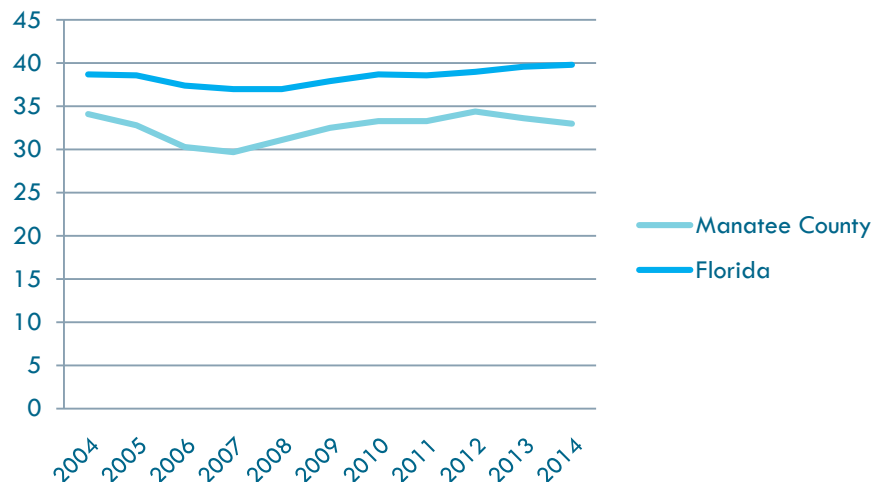


Source: Florida Department of Health, Bureau of Vital Statistics (Florida CHARTS).
 Note: Figure shows age-adjusted, 3-year rolling rates per 100,000.

Chronic Lower Respiratory Disease

Chronic lower respiratory disease (CLRD) includes asthma and chronic obstructive pulmonary diseases (COPD) such as chronic bronchitis, emphysema. These conditions cause airflow blockage and breathing-related problems. Tobacco smoke is a key factor in the development of COPD; other contributing factors are indoor air quality, respiratory infections, and genetics (CDC 2015). Whereas people with asthma usually start to show symptoms in childhood, those with COPD are usually diagnosed after age 40. According to the CDC, 15 million Americans have been diagnosed with COPD, and worldwide it is the 4th leading cause of death. Besides its direct burden of death and disease, COPD leads to substantial health care and societal costs.

Figure 56. CLRD Death Rate (2004-2014)



Source: Florida Department of Health, Bureau of Vital Statistics (Florida CHARTS).
Note: Figure shows age-adjusted, 3-year rolling rates per 100,000.

Over the past decade CLRD deaths rates have been relatively stable both in Manatee County and in Florida; and the death rate has been consistently low in Manatee County compared to the state (Figure 56). In 2014 the CLRD death rate in Manatee County was in the most favorable quartile of Florida counties, and lower than the Peer County average (Figure 41).

An estimated 9.8% of Manatee County adults have asthma, more than in the Peer Counties (7.3%) and the state (8.3%). Nevertheless, emergency department visits and preventable hospitalizations for both asthma and COPD are relatively low:

- Manatee County has fewer asthma emergency department visits (40 per 10,000), compared to the average Peer County and state rates (respectively 41 and 52 per 10,000; 2013 ACHA data).
- Manatee County has fewer preventable hospitalizations under age 65 from asthma (104 per 100,000), compared to the state (135 per 100,000; 2013 age-adjusted rates from Florida CHARTS).
- Manatee County has fewer preventable hospitalizations under age 65 from COPD (108 per 100,000), compared to the state (124 per 100,000; 2013 age-adjusted rates from Florida CHARTS).

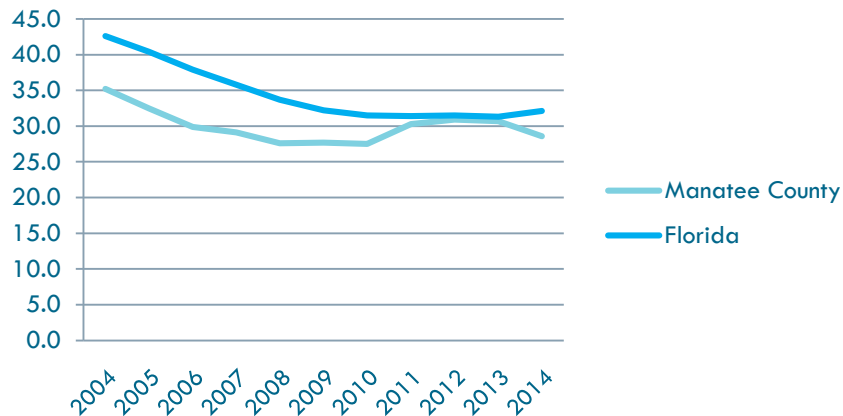
2014 CLPD death rates show relatively high CLPD death rates – both in Manatee County and in Florida – in the following population groups (based on age-adjusted, 3-year rolling rates; Florida CHARTS):

- Males as compared with females.
- White as compared with Black and Hispanic residents.
- Over age 65.

Stroke

About 800,000 people suffer a stroke each year in the US, where it is the 5th leading cause of death (CDC 2015). Most strokes are ischemic strokes, where blood flow to the brain is blocked. Stroke costs the United States an estimated \$34 billion each year, including health care costs and missed days of work. Stroke is also a leading cause of long-term disability.

Figure 57. Stroke Death Rate (2004-2014)



Source: Florida Department of Health, Bureau of Vital Statistics (Florida CHARTS).
Note: Figure shows age-adjusted, 3-year rolling rates per 100,000.

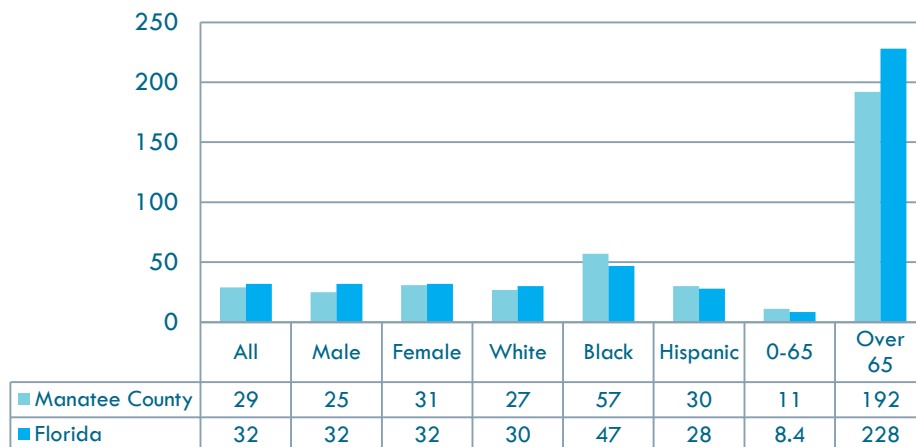
In Manatee County stroke is the 5th leading cause of death. The 2014 stroke death rate in Manatee County is lower than the Florida rate (Figure 41). Since 2004 stroke deaths in Manatee County have decreased (Figure 57). In 2012 Manatee County had relatively few stroke hospitalizations (233 per 100,000, compared to 237 per 100,000 in the Peer Counties and 266 per 100,000 statewide).

The Healthy People 2020 target is to reduce stroke deaths to 34.8 per 100,000. With a stroke death rate of 29 per 100,000 in 2014, Manatee County meets this target.



Nationally the risk of having a stroke tends to be higher for Black as compared with White individuals; and Blacks are also more likely to die following a stroke (CDC 2015). This racial disparity is evident in stroke death rates for Florida, and to an even larger degree in Manatee County (Figure 58).

Figure 58. Stroke Death Rates by Population Group

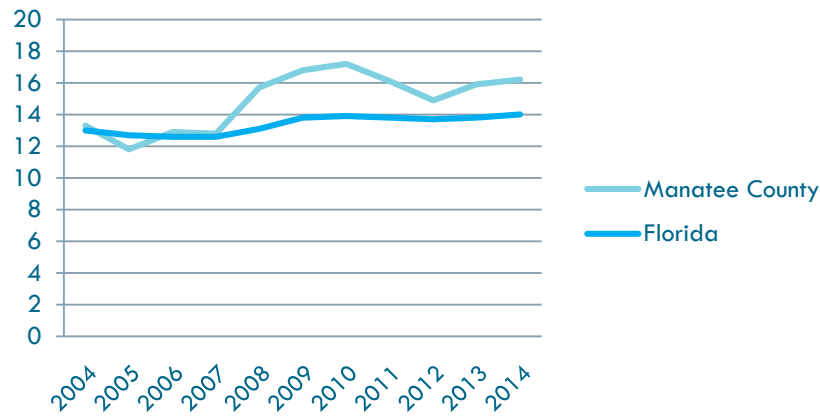


Source: Florida Department of Health, Bureau of Vital Statistics (Florida CHARTS).
Note: Crude rates are given for the age groups; all other rates are age-adjusted.
The data shown are 3-year rolling rates per 100,000 for 2012-2014.

Suicide

Suicide is a serious public health problem with devastating effects on individuals, families, and communities. It takes life without regard to age, gender, race, income, or education. Nationally it is the 10th leading cause of death; the 2nd leading cause for adults aged 25 to 34; and the 3rd leading cause for youth aged 15 to 24.

Figure 59. Suicide Death Rate (2004-2014)



Source: Florida Department of Health, Bureau of Vital Statistics (Florida CHARTS).
Note: Figure shows age-adjusted, 3-year rolling rates per 100,000.

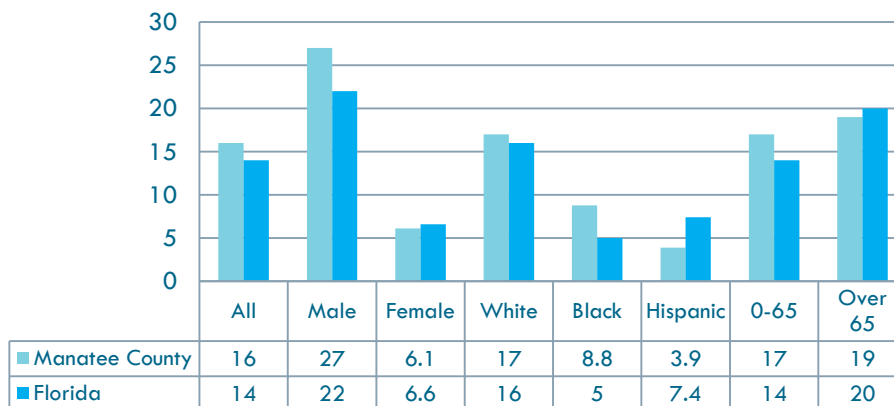
In Manatee County the suicide death rate exceeds the state rate and contributes substantially to years of potential life lost (Figure 41). Since 2004 suicide deaths in Florida have numbered 12 to 14 per 100,000. Manatee County's suicide death rate was in the same range until 2007, but since 2008 it has exceeded the state rate (Figure 59). With more than 16 suicide deaths per 100,000 in 2014, Manatee County has not met the Healthy People 2020 target of 10.2 per 100,000.



Suicide rates show the following patterns related to gender, race, ethnicity, and age (Figure 60):

- Nationally, suicide death rates are several times higher among males as compared with females (CDC 2015). This disparity is evident in Florida, and to an even greater extent in Manatee County.
- Both in Manatee County and in Florida, suicide rates are relatively high for White individuals.
- Compared to Florida, Manatee County has more suicides among Black individuals and under age 65.

Figure 60. Suicide Death Rates by Population Group

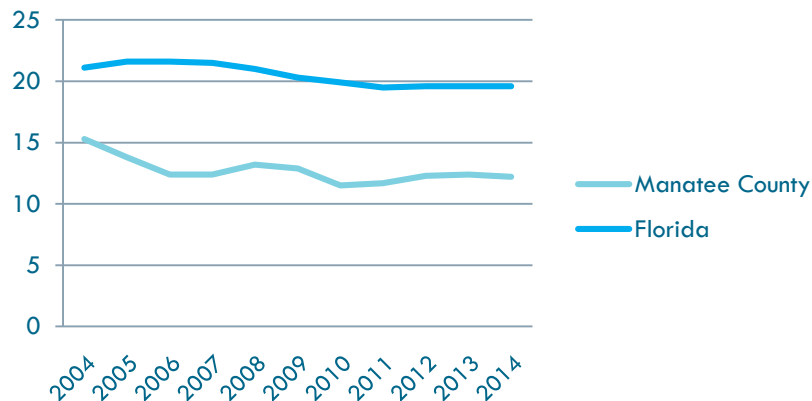


Source: Florida Department of Health, Bureau of Vital Statistics (Florida CHARTS).
Note: Crude rates are given for the age groups; all other rates are age-adjusted.
The data shown are 3-year rolling rates per 100,000 for 2012-2014.

Diabetes

Diabetes is a chronic disease characterized by blood glucose levels that are too high. If not well managed, it can lead to serious health complications including heart disease, blindness, and kidney failure. There are two main types of diabetes: about 5% of diagnosed cases are Type 1 or juvenile-onset diabetes; more than 90% of diagnosed cases are Type 2 or adult-onset diabetes. About 10% of adults in the US have diabetes, one third of them undiagnosed (CDC 2015). Blacks, Hispanics, American Indians, and some Asian Americans are at elevated risk. In the US diabetes is the 7th leading cause of death, accounting for over 75,000 deaths in 2013 (24 per 100,000). Diabetes deaths occur mainly over age 45, and more often in men than women.

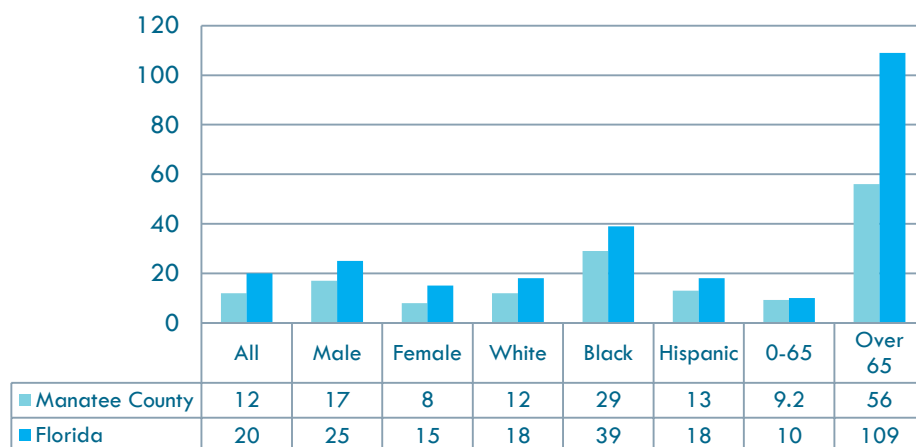
Figure 61. Diabetes Death Rate (2004-2014)



Source: Florida Department of Health, Bureau of Vital Statistics (Florida CHARTS).
Note: Figure shows age-adjusted, 3-year rolling rates per 100,000.

In Manatee County almost 10% of adults are estimated to have diabetes; this compares with about 11% in the Peer Counties and statewide (BRFSS 2013). The rate of diabetes hospitalization in Manatee County (1,610 per 100,000) is lower than the state rate (2,290 per 100,000); and preventable hospitalizations for diabetes under age 65 are also relatively low in Manatee County (93 per 100,000) compared to Florida (131 per 100,000; AHCA 2013). In the past 10 years diabetes death rates have declined both in Manatee County and in Florida (Figure 61). At 12 per 100,000 in 2014, Manatee County's rate is 38% lower than the state rate and in the most favorable quartile of Florida counties (Figure 41). Lower diabetes death rates in Manatee County, as compared with Florida, are seen in all of the population groups shown in Figure 62.

Figure 62. Diabetes Death Rates by Population Group

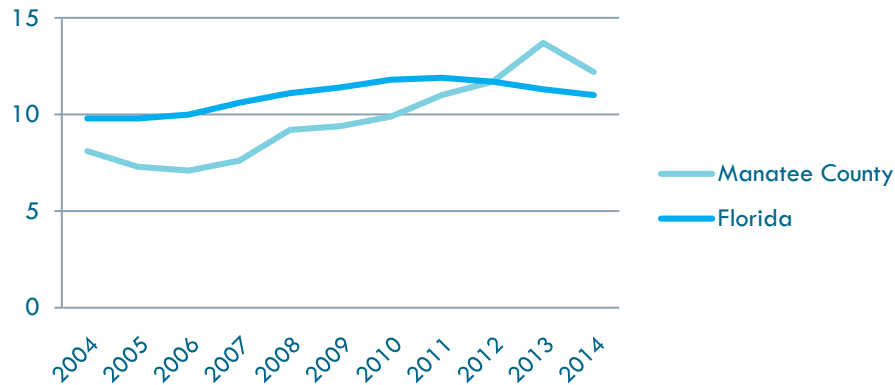


Source: Florida Department of Health, Bureau of Vital Statistics (Florida CHARTS).
Note: Crude rates are given for the age groups; all other rates are age-adjusted.
The data shown are 3-year rolling rates per 100,000 for 2012-2014.

Kidney Disease

Kidney disease, including nephritis, nephritic syndrome, and nephrosis, is the 9th leading cause of death nationally, accounting for 14.9 deaths per 100,000. Common causes of chronic kidney disease include diabetes and high blood pressure. More than 10% of adults in the US have kidney disease, but many of them are undiagnosed. Most deaths from kidney disease occur over age 65.

Figure 63. Kidney Disease Death Rate (2004-2014)

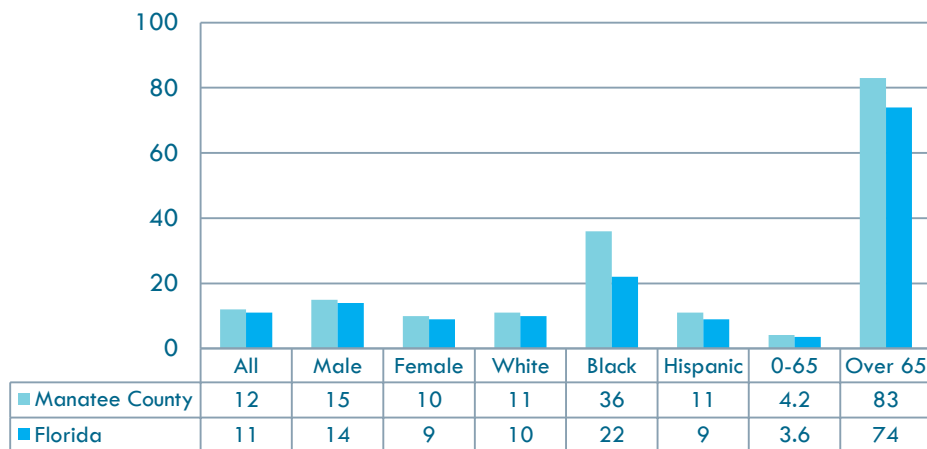


Source: Florida Department of Health, Bureau of Vital Statistics (Florida CHARTS).
Note: Figure shows age-adjusted, 3-year rolling rates per 100,000.

Since 2004 kidney disease death rates in Florida have remained within a narrow range of about 10 to 12 per 100,000 (Figure 63). In contrast, Manatee County has seen a 50% rise in the death rate due to kidney disease, exceeding both the Peer County and state rates (Figure 41 and Figure 63). In 2013 preventable hospitalizations under age 65 from kidney or urinary infection were lower in Manatee County (47 per 100,000) than in Florida as a whole (60 per 100,000; Florida CHARTS).

Kidney disease death rates in Manatee County, like those for Florida, are relatively high among men, Blacks, and those aged over 65 years. In Manatee County kidney disease death rates are relatively high, compared to state rates, among Blacks, Hispanics, and those aged over 65 (Figure 64).

Figure 64. Kidney Disease Deaths by Population Group



Source: Florida Department of Health, Bureau of Vital Statistics (Florida CHARTS).
Note: Crude rates are given for the age groups; all other rates are age-adjusted.
The data shown are 3-year rolling rates per 100,000 for 2012-2014.

Liver Disease

The liver is the 2nd largest organ in the body and performs many vital functions. It processes what we eat and drink into energy and nutrients and removes harmful substances from the blood. Diseases of the liver include chronic liver disease, alcoholic liver disease, and cirrhosis. Risk factors for chronic liver disease include excessive alcohol consumption, infection with hepatitis B or C, obesity, and drug toxicity. Liver disease caused 11.5 deaths per 100,000 in the US in 2013; nationally these deaths are more common among men than women, and among Hispanic individuals.

In the past 10 years liver disease deaths in Manatee County have fluctuated within the range of 9 to 13 per 100,000, at or above the state rate. The 2014 liver disease death rate is slightly higher than the Florida rate but lower than the Peer County rate (Figure 41). Both in Manatee County and in Florida, liver disease deaths are more common over age 65, and among men as compared with women (Figure 65). Compared to Florida, Manatee County has more liver disease deaths among males, Blacks, Hispanics, and below age 65.

Alcoholic liver disease accounts for half of liver disease mortality in Manatee County. Compared to Florida, Manatee County has higher rates of alcoholic liver disease death among males and Hispanics, and among those aged under 65 years (Figure 66).

Figure 65. Liver Disease Death Rates by Population Group

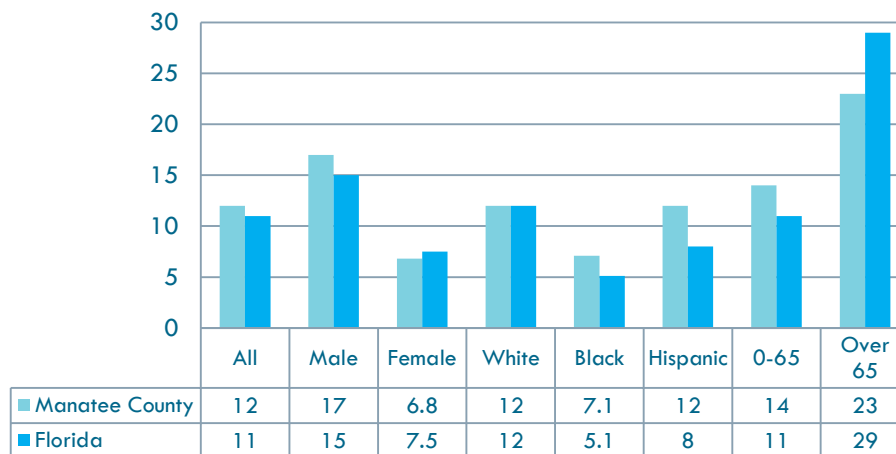
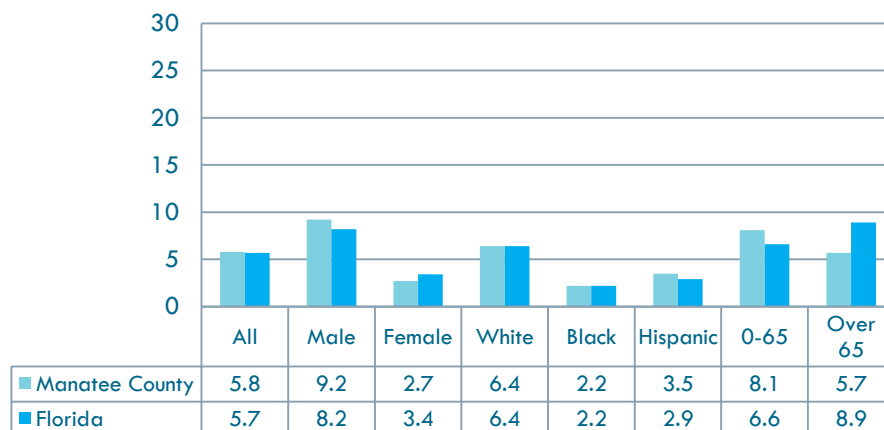


Figure 66. Alcoholic Liver Disease Death Rates by Population Group



Source: Florida Department of Health, Bureau of Vital Statistics (Florida CHARTS).
 Note: Crude rates are given for the age groups; all other rates are age-adjusted.
 The data shown are 3-year rolling rates per 100,000 for 2012-2014.

Alzheimer's Disease

Alzheimer's disease is the most common form of dementia. Although the causes of Alzheimer's are not well understood, age is the best known risk factor. Alzheimer's disease is the 5th leading cause of death among Americans aged 75 and older, and the 6th leading cause of death overall. Nationally the disease accounted for more than 84,000 deaths in 2013; and the age-adjusted Alzheimer's disease death rate rose from 18 to 25 per 100,000 between 2000 and 2010 (CDC 2015).

Since 2004 death rates from Alzheimer's have been relatively stable in Manatee County and Florida (Figure 67). The age-adjusted death rate is almost 50% lower in Manatee County than in the Peer Counties and Florida (Figure 41).

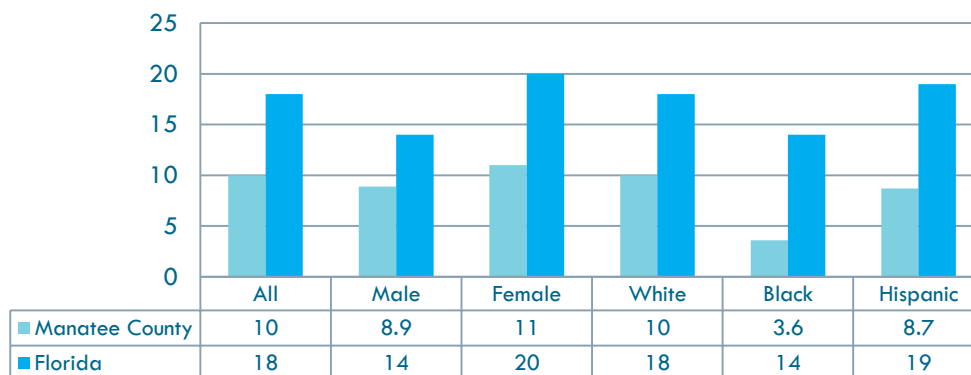
Figure 67. Alzheimer's Disease Death Rate (2004-2014)



Source: Florida Department of Health, Bureau of Vital Statistics (Florida CHARTS).
Note: Figure shows age-adjusted, 3-year rolling rates per 100,000.

Deaths from Alzheimer's disease are rare below age 65. As Figure 68 shows, Alzheimer's death rates in Manatee County and Florida are higher among women and Whites, in line with national trends; and the county's relatively low Alzheimer's death rate applies across gender, race, and ethnic groups.

Figure 68. Alzheimer's Disease Death Rates by Population Group

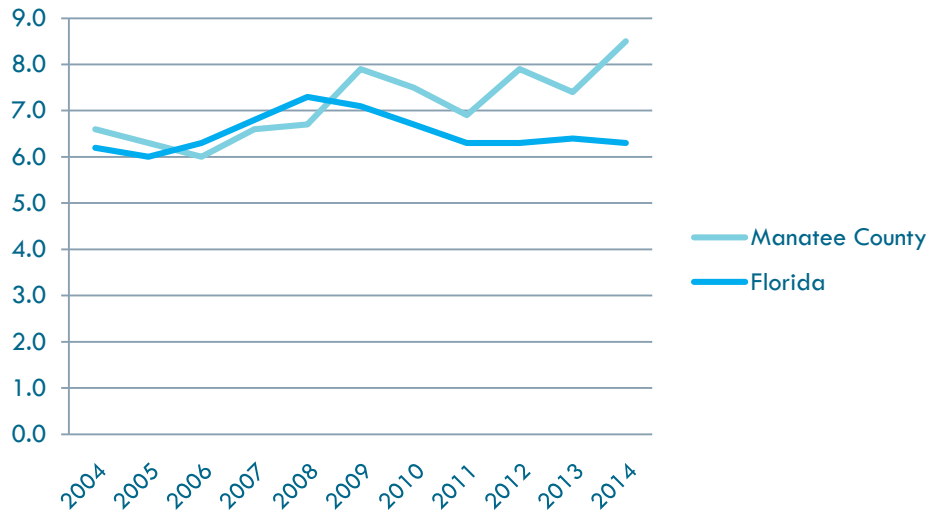


Source: Florida Department of Health, Bureau of Vital Statistics (Florida CHARTS).
Note: Figure shows age-adjusted, 3-year rolling rates per 100,000 for 2012-2014.

Homicide

Nationally homicide is among the top five causes of death between the ages of 1 and 44 years, causing 5.1 deaths per 100,000 population in 2013 (CDC 2015). In Manatee County the homicide death rate has been rising over the past decade, compared to a more stable state rate (Figure 69). At 8.5 deaths per 100,000 in 2014, Manatee County's homicide death rate is 9th highest among Florida counties, more than 30% higher than the Peer County and state rates (Figure 41).

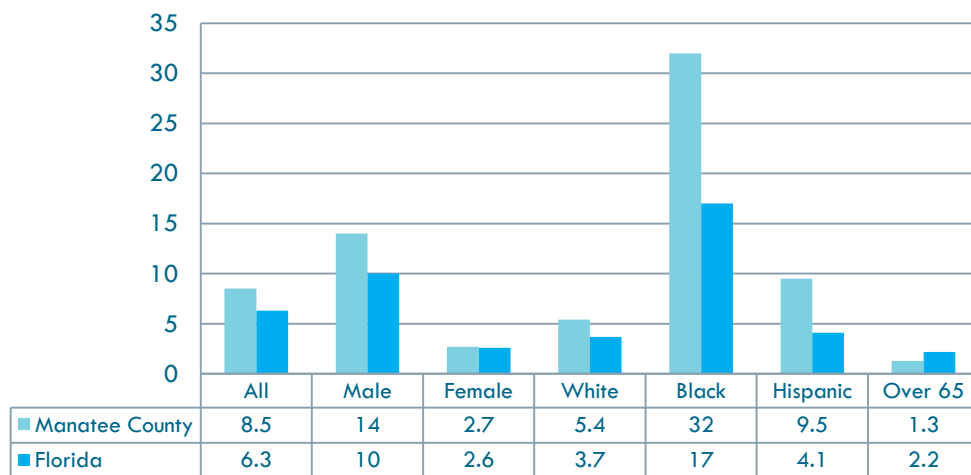
Figure 69. Homicide Death Rate (2004-2014)



Source: Florida Department of Health, Bureau of Vital Statistics (Florida CHARTS).
Note: Figure shows age-adjusted, 3-year rolling rates per 100,000.

Homicide deaths are disproportionately high among males, Black, and Hispanics in Florida as a whole, and to an even greater extent in Manatee County (Figure 70). Recent data show that 84% of Manatee County homicides were caused by firearm discharge, compared to 73% in Florida and 69% nationally; and firearm discharge caused almost all homicide deaths in Manatee County involving male victims (93%) and Black victims (97%); Florida CHARTS; CDC 2015).

Figure 70. Homicide Death Rate by Population Group



Source: Florida Department of Health, Bureau of Vital Statistics (Florida CHARTS).
Note: Crude rates are given for the age groups; all other rates are age-adjusted.
The data shown are 3-year rolling rates per 100,000 for 2012-2014.

COMMUNICABLE DISEASES

Communicable diseases are illnesses caused by an infectious agent through direct or indirect transmission from an infected individual, or via an animal, vector or the inanimate agent to an animal or human host (CDC 2015). Surveillance and control of communicable diseases is an essential part of protecting public health.

This section reports on four categories of communicable disease: (i) **vaccine preventable diseases**; (ii) **HIV/AIDS**; (iii) **sexually transmitted infections (STIs)**; and (iv) **other communicable diseases**.

Vaccine-Preventable Diseases

Vaccine-preventable diseases are diseases that can be prevented with immunization. Over the last 200 years, immunization with vaccines has had a tremendous impact on public health, reducing death rates and enhancing quality of life worldwide.

Measles, Mumps & Tetanus. In the 2012 to 2014 period no cases of the following vaccine-preventable diseases were reported in Manatee County:

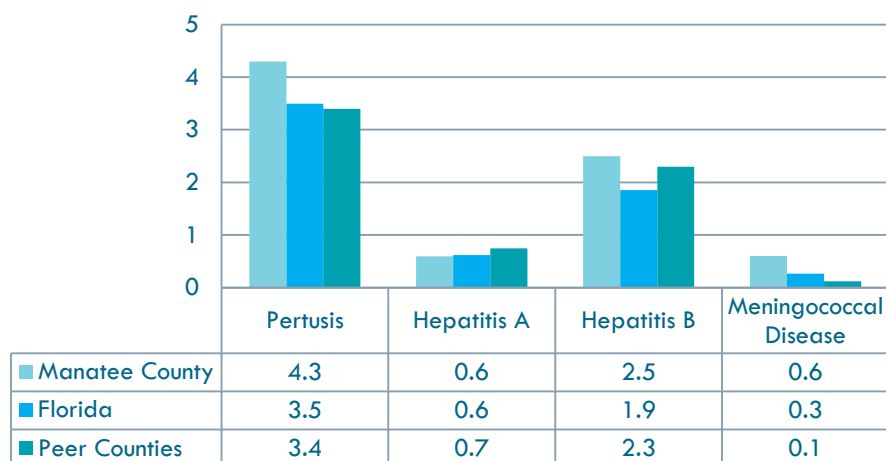
- **Measles:** 0 cases in Manatee County; 7 cases in Florida; 0 cases in the Peer Counties.
- **Mumps:** 0 cases in Manatee County; 7 cases in Florida; 1 case in the Peer Counties.
- **Tetanus:** 0 cases in Manatee County; 11 cases in Florida; 2 cases in the Peer Counties.

Other Vaccine-Preventable Diseases. Cases of other vaccine-preventable diseases have been reported in Manatee County in recent years, including the following four diseases:

- **Pertussis**, or whooping cough, is a contagious respiratory disease known for violent coughing. It can be especially serious, and sometimes deadly, for babies under one year of age.
- **Hepatitis A** is a liver infection caused by the Hepatitis A virus. It is usually transmitted through person-to-person contact or consumption of contaminated food or water. Hepatitis A is self-limited and does not result in chronic infection. In the US Hepatitis A rates have declined by 95% since a vaccine became available in the mid-1990s.
- **Hepatitis B** is a liver infection transmitted in bodily fluids from an infected person to someone who is not infected. This can happen through sexual contact; by sharing drug-injection equipment; or at birth from mother to baby. In some people, especially those infected at younger ages, Hepatitis B becomes a chronic infection that can lead to serious health problems such as cirrhosis or liver cancer.
- **Meningococcal Disease** refers to any illness that is caused by the meningococcus bacteria. These illnesses are often severe, including infections of the lining of the brain and spinal cord (meningitis) and infections of the bloodstream (bacteremia or septicemia). Meningococcus bacteria are transmitted through exchange of respiratory or throat secretions, for example by living in close quarters or kissing. Prompt medical attention is extremely important.

Figure 71 displays case rates per 100,000 for the four above-described vaccine-preventable diseases. These data show relatively high rates of pertussis, Hepatitis B, and meningococcal disease in Manatee County as compared with Florida and the Peer Counties.

Figure 71. Vaccine Preventable Disease Rates

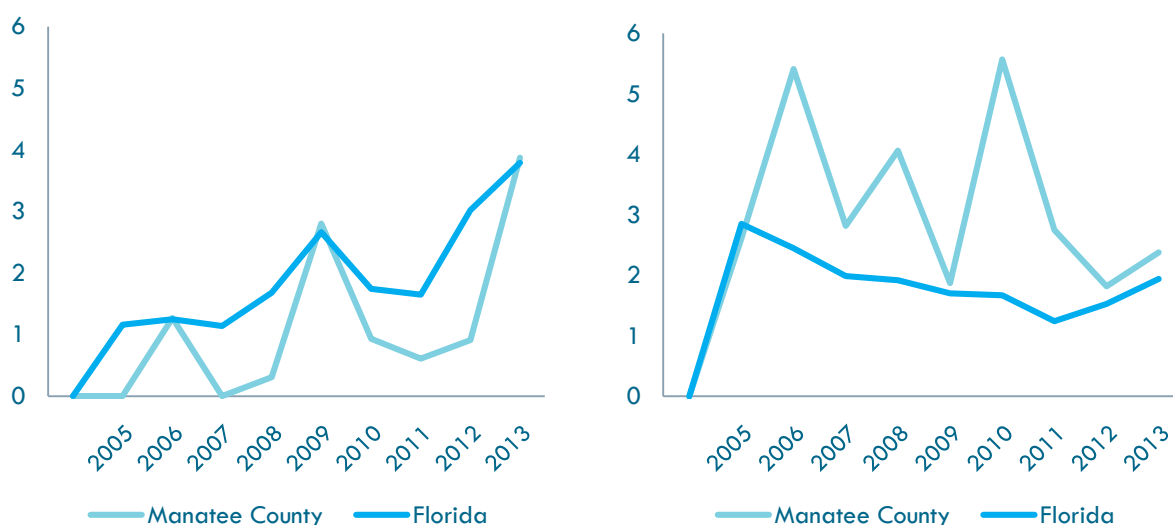


Source: Florida Department of Health, Division of Disease Control (Florida CHARTS).
 Note: Figure shows 3-year rolling rates per 100,000 for 2012-2014.

Pertussis, Hepatitis B, and Meningococcal cases show the following trends since 2005:

- **Meningococcal disease** cases in Manatee County have fluctuated between 0 and 1.6 per 100,000. (In the same period the state rate varied within a narrower range.)
- **Pertussis** cases in Manatee County have increased from 0 per 100,000 in 2005 to 8 per 100,000 in 2014. (In the same period the state rate showed a more moderate increase; see Figure 72, left).
- **Hepatitis B** cases in Manatee County have been consistently higher than the state rate (Figure 72, right).

Figure 72. Trends in Pertussis Cases (left) & Acute Hepatitis B Cases (right)



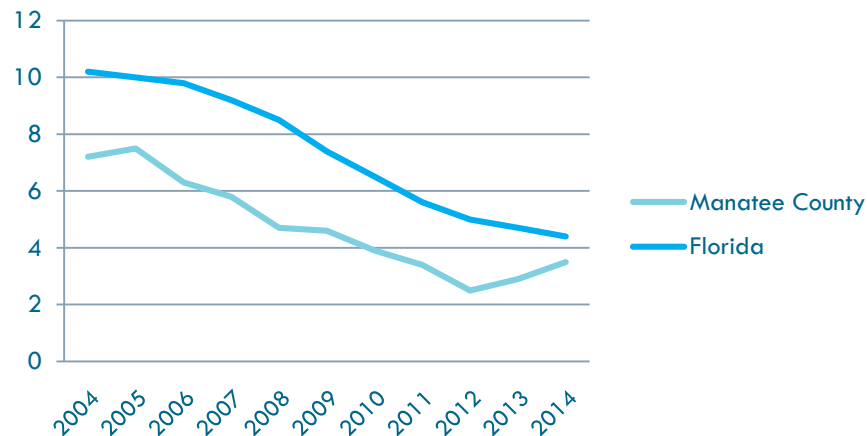
Source: Florida Department of Health, Division of Disease Control (Florida CHARTS).
 Note: Figure shows single-year rates per 100,000.

HIV/AIDS

HIV stands for human immunodeficiency virus, which can lead to acquired immunodeficiency syndrome (AIDS). In the US HIV is transmitted mainly as a result of having sex with or sharing drug injection equipment with someone infected with the virus (CDC 2015).

Since 2004 the HIV/AIDS death rate shows a mainly downward trend in Manatee County and statewide (Figure 73). Throughout this period the HIV/AIDS death rate in Manatee County has been lower than the state rate by a margin of 20% to 50%, although rates in Manatee County have increased somewhat since 2012.

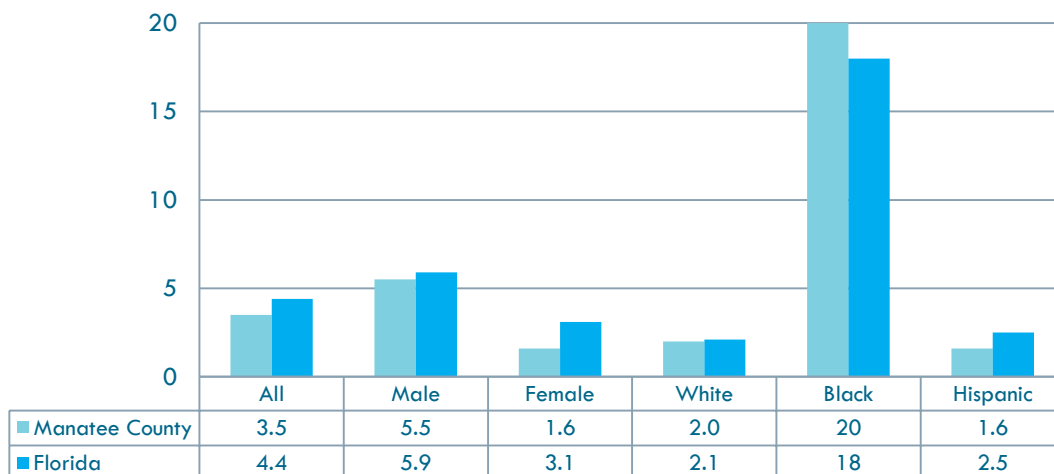
Figure 73. HIV/AIDS Death Rate (2004-2014)



Source: Florida Department of Health, Bureau of Vital Statistics (Florida CHARTS).
Note: Figure shows age-adjusted, 3-year rolling rates per 100,000.

The Black population bears the most severe burden of HIV/AIDS in Manatee County and in Florida: Black residents in Manatee County and Florida die of HIV/AIDS at 7 to 12 times the rates for White and Hispanic residents. The disproportionate HIV/AIDS death rate in the Black population is even greater in Manatee County than in Florida as a whole; in contrast, Manatee County's HIV/AIDS death rate is lower than the state rate for White and Hispanic residents and in both gender groups (Figure 74).

Figure 74. HIV/AIDS Death Rates by Population Group

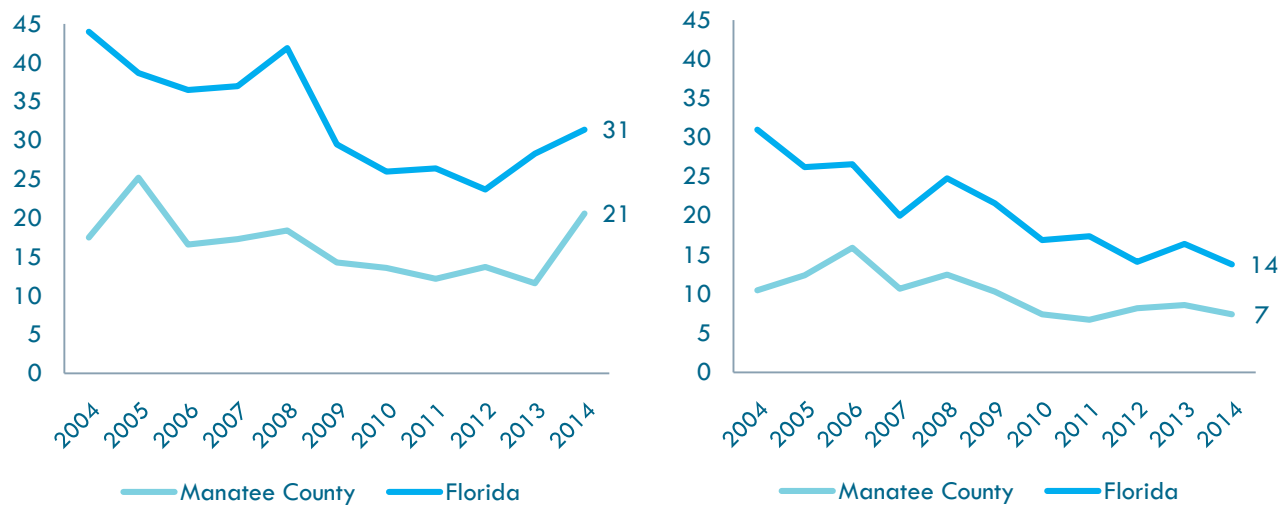


Source: Florida Department of Health, Bureau of Vital Statistics (Florida CHARTS).
Note: Figure shows age-adjusted, 3-year rolling rates per 100,000 for 2012-2014.

HIV & AIDS Cases. Single-year HIV and AIDS case rates in 2004 to 2014 are shown in Figure 75. (These HIV and AIDS cases are not mutually exclusive.)

- HIV cases show an overall downward trend in Manatee County and Florida since 2004, despite increases since 2012. In 2014 the HIV rate in Manatee County was more than 30% lower than the state rate.
- AIDS cases have dropped more steeply since 2006 in Manatee County and statewide; the 2014 county rate is almost 50% lower than the state rate.

Figure 75. Cases of HIV (left) and AIDS (right) in 2004 to 2014



Source: Florida Department of Health, Bureau of HIV/AIDS (Florida CHARTS).
Note: Figures show single-year rates per 100,000.

HIV Testing. Survey data suggest that the percentage of adults 65 and under ever tested for HIV in Manatee County is 6th lowest among Florida counties (in the least favorable quartile) and shows a downward trend (BRFSS data; Florida CHARTS):

- In Manatee County: 47% were tested for HIV in 2007; 47% in 2010, and 40% in 2013.
- In Florida as a whole: 49% were tested for HIV in 2007; 48% in 2010, and 51% in 2013.

Sexually Transmitted Infections (STIs)

Sexually transmitted Infections (STIs) with a significant public health impact include **syphilis**, **gonorrhea**, and **chlamydia**. Key facts on these STIs include the following (CDC 2015):

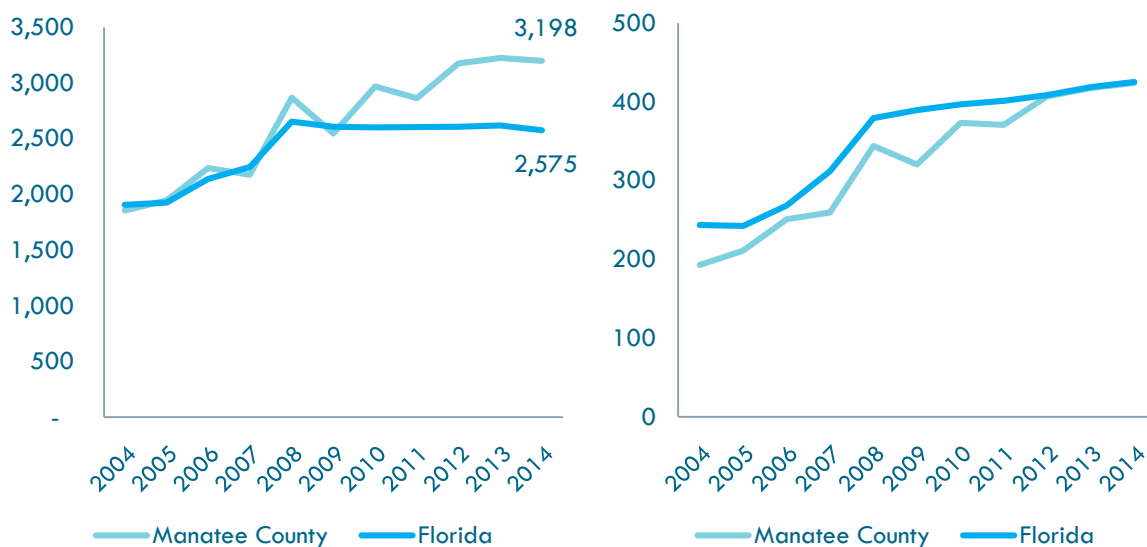
- Undiagnosed and untreated STIs can lead to serious long-term health consequences, especially for adolescent girls, young women, and men who have sex with men. STIs cause infertility in an estimated 24,000 women in the US each year.
- Syphilis has had a recent resurgence nationally; before 2001 it had been almost totally eliminated.
- Gonorrhea and chlamydia are the two most frequently reported infectious diseases in the US, with more than 1.5 million annual cases. The largest number of cases are reported in adolescent girls and young women. The CDC recommends annual chlamydia screening for women under 26 years of age.

Available data show fewer infectious syphilis cases in Manatee County (1.2 per 100,000) than in the Peer Counties (2.9 per 100,000) and Florida (8.0 per 100,000; 3-year rolling rates, 2012-2014; Florida CHARTS).

In contrast, bacterial STIs and gonorrhea and chlamydia cases show unfavorable patterns:

- Gonorrhea rates are higher in Manatee County (127 per 100,000) than in the Peer Counties (69 per 100,000) and Florida (106 per 100,000; 3-year rolling rates for 2012-2014). The rate in Manatee County is 10th highest among Florida counties (the least favorable quartile). Since 2004 gonorrhea cases in Manatee County do not show a clear trend up or down.
- Bacterial STI cases among females 15-34 years are rising; in 2014 this rate was 24% higher in Manatee County than in the state (Figure 76).
- The rate of chlamydia cases in Manatee County is similar to the state rate; however, since 2004 chlamydia cases have been rising both in Manatee County and in Florida (Figure 76).
- Among females aged 15-19 years in Manatee County in 2014:
 - The gonorrhea rate is 19% higher (518 per 100,000) than the state rate (435 per 100,000).
 - The chlamydia rate is 18% higher (3,455 per 100,000) than in the state rate (2,921 per 100,000).

Figure 76. Bacterial STI Cases (females 15-34 years; left) & Chlamydia Cases (right)



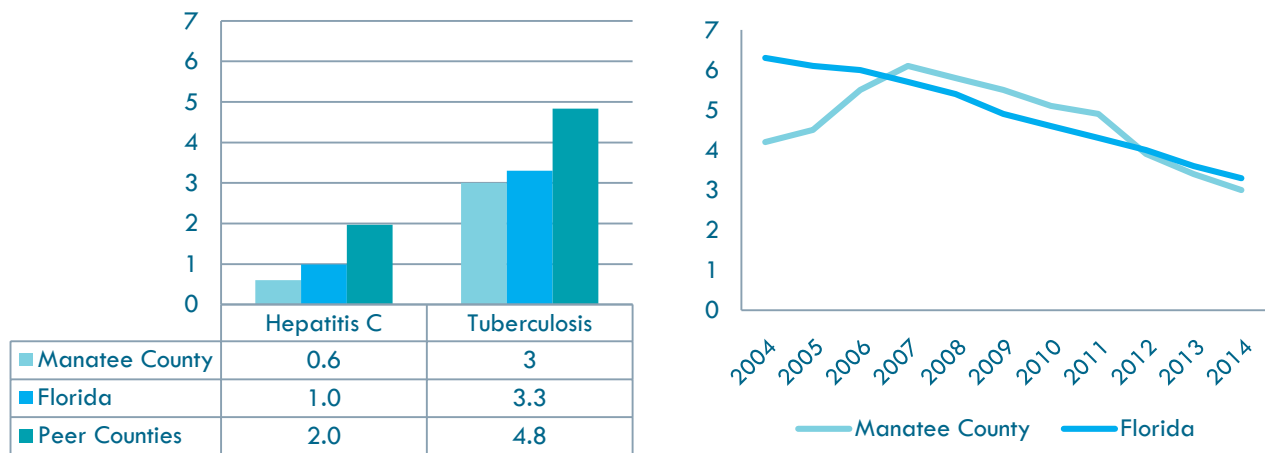
Source: Florida Department of Health, Bureau of HIV/AIDS (Florida CHARTS).
Note: Bacterial STI rates are single-year rates per 100,000 females aged 15-34.
Chlamydia rates are single-year rates per 100,000 population.

Other Communicable Diseases

This section looks at two other communicable diseases:

- **Hepatitis C** is a liver infection caused by the Hepatitis C virus. It is usually transmitted by shared drug injection equipment. For some people, hepatitis C becomes a chronic infection leading to long-term health problems or even death. Some people with hepatitis C do not know they are infected and may not notice symptoms.
- **Tuberculosis**, which is caused by the *Mycobacterium tuberculosis* bacteria, was once the leading cause of death in the US. Tuberculosis can attack the lungs or other body parts; it can cause death if not treated properly.

Figure 77. Hepatitis C & Tuberculosis in 2004 (left) & Tuberculosis Cases 2004-2014 (right)



Source: Florida Department of Health, Bureau of TB & Refugee Health and Merlin (Florida CHARTS).
 Note: Figures show 3-year rolling rates per 100,000 for 2012-2014.

Cases of Hepatitis C & Tuberculosis. Manatee County has lower rates of Hepatitis C and tuberculosis, compared to Florida and the Peer Counties (Figure 77). Over the past decade Hepatitis C rates have fluctuated in Manatee County between 0 and 2.2 per 100,000 (single-year rates). The overall trend in tuberculosis cases is downward, both in Manatee County and in Florida (Figure 77).

Preventable Hospitalization & Treatment: Tuberculosis. Data from Florida CHARTS show favorable outcomes related to tuberculosis treatment in Manatee County:

- Fewer preventable hospitalizations under age 65 in Manatee County (1.2 per 100,000) compared to the state (1.7 per 100,000; 3-year rolling rates for 2011-2013).
- More tuberculosis patients completing therapy in Manatee County (90%) compared to the state (81%; 3-year rolling rates for 2008-2010).

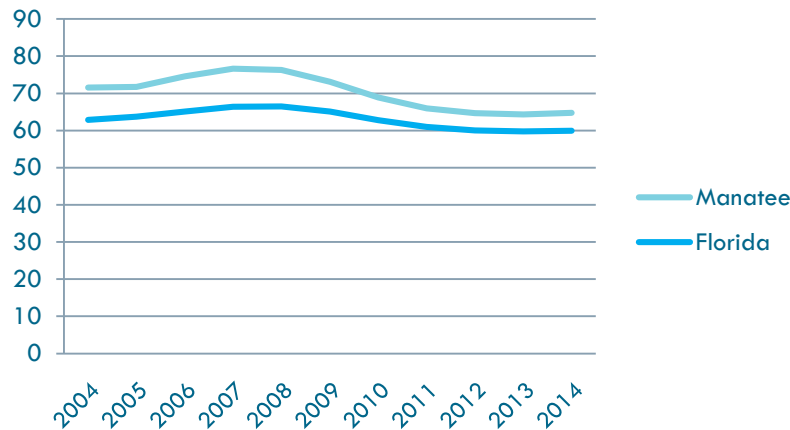
HEALTH ACROSS THE LIFE SPAN

This section looks at health factors and outcomes with impacts in different phases of the life span: maternal and child health; early and middle adulthood; and elder populations.

Maternal & Child Health

Fertility. The fertility rate in Manatee County has dropped somewhat, from a relative peak of 77 per 1,000 females in 2007 to 65 per 1,000 in 2014 (Figure 78). In 2014 the fertility rate was higher in Manatee County than in Florida and the U.S. as a whole (respectively 60 and 62.5 per 1,000 females; CDC 2015).

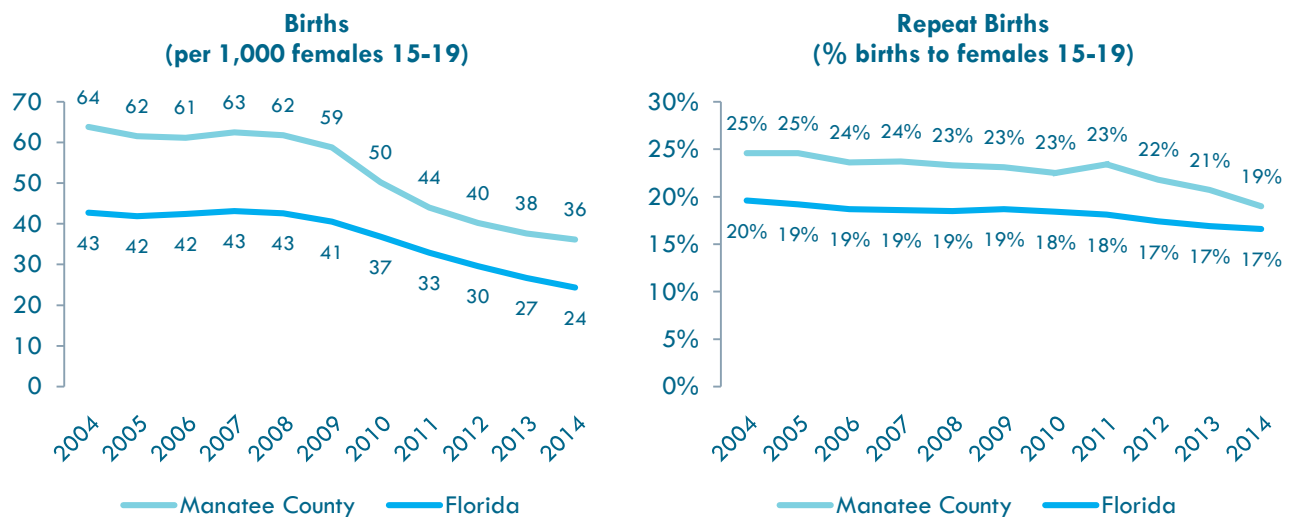
Figure 78. Fertility Rates



Source: Florida Department of Health, Bureau of Vital Statistics (via Florida CHARTS).
Data are 3-year rolling rates of birth per 1,000 females aged 15-44 years.

Births to Teen Mothers. Figure 79 presents data on births and repeat births to mothers aged 15 to 19 years. These rates show declines in the 2004-2014 period, both in Manatee County and in Florida. Throughout this period, both indicators show more teen births in Manatee County than in Florida; however, in recent years these unfavorable gaps between county and state rates have narrowed somewhat.

Figure 79. Births (left) & Repeat Births (right) to Teen Mothers



Source: Florida Department of Health, Bureau of Vital Statistics (via Florida CHARTS).
Note: Figures show 3-year rolling rates.

Maternal & Child Health. Figure 80 presents data on maternal and child health indicators in Manatee County, the Peer Counties, and the state. These results point to relative strengths as well as areas for improvement in Manatee County:

- Strengths in Manatee County include relatively low rates of low-birth-weight and premature births, neonatal deaths, and unintentional injury deaths at ages 1 to 5 year; and relatively high child immunization rates.
- Areas for improvement include rates of births and repeat births to teenage mothers, births with an inter-pregnancy interval less than 18 months, births to overweight mothers, prenatal care, breastfeeding initiation, post-neonatal and SUID deaths, and overweight or obese WIC children under 2 years of age.
- Almost all of the maternal and child health indicators in Figure 80 show improvement in Manatee County between 2009-2011 and 2012-2014 (shown by green arrows in the figure).

Early & Middle Adulthood. Data presented elsewhere in this report highlight health-related issues facing individuals in early and middle adulthood. Three of these issues are highlighted below:

- **Lack of housing.** Lack of affordable housing was a common theme identified in survey data reviewed for the CHS Assessment. This issue, and its implications for young adults, was highlighted in a presentation to the Manatee County Commission on May 5, 2015, by the Manatee Millennial Movement (M3), a special project supported by the Manatee County Neighborhood Services Department.
- **Low health insurance coverage.** Health insurance coverage rates presented elsewhere in this report (Figure 97) show that coverage tends to be highest for children and those aged 65 years and over; most uninsured and underinsured persons are between the ages of 19 and 64 years, with the highest uninsured rates in young adulthood.
- **High burden of disease & death.** Death rates reviewed elsewhere in this report show that Manatee County scores higher on YPLL than the Peer Counties and the state in Manatee County (Figure 41). YPLL refers to years of potential life lost below age 75. It is an indicator of disease burden that takes into account both the number of lives lost to a disease and the age at which life is lost; it does not count years of life lost after age 75. Manatee County's relatively high YPLL<75 – together with its lower all-cause death rate – suggests that residents in young and middle adulthood bear a greater burden of disease and mortality. This was also seen in Figure 43, which broke down the all-cause death rate into age categories; this revealed a higher all-cause death rate in Manatee County in age groups spanning early and middle adulthood.

Elder Populations. In Manatee County 24,171 residents over age 65 are classified as medically underserved. These and other elder county residents face interrelated health and social challenges due to poverty, low income, lack of mobility, responsibilities for children or grandchildren, social isolation, and challenges related to cognitive function, memory, vision, hearing, and other disabilities.

Specific data to help quantify social and health challenges faced by elder populations are presented in Figure 81; these data were compiled by the State of Florida Department of Elder Affairs (FL DEA 2014). A specific concern expressed by some community participants in the 2015 CHA was a lack of health care professionals specialized in gerontology, and a lack of providers and resources for treatment of dementia and other health issues faced by elder populations.

Figure 80. Maternal & Child Health

Indicator (3-year rolling rates, 2012-2014)	Rate Type	Manatee	Peer Counties	Florida
Births Factors & Outcomes				
Births to Mothers Ages 10-14	Per 1,000 females 10-14	↓0.50	0.30	0.30
Births to Mothers Ages 15-17	Per 1,000 females 15-17	↓18	11	11
Births to Mothers Ages 18-19	Per 1,000 females 18-19	↓52	37	36
Births to Mothers Ages 15-19	Per 1,000 females 15-19	↓36	25	24
Fertility Rate	Per 1,000 females 15-44	65	60	60
Repeat births to Mothers Ages 15-17	% of births to females 15-17	↓11.7%	6.3%	7.4%
Repeat births to Mothers Ages 18-19	% of births to females 18-19	↓22%	19%	20%
Repeat births to Mothers Ages 15-19	% of births to females 15-19	↓19%	16%	17%
Overweight mothers at time pregnancy occurred	% of total births	↓25%	25%	24%
Obese mothers at time pregnancy occurred	% of total births	25%	22%	21%
Births with inter-pregnancy interval < 18 months	% of total births	↓39%	36%	35%
Prenatal Care				
Prenatal Care (PNC) – Started in First Trimester	% of births w/ known PNC status	↑73%	73%	80%
Prenatal Care (PNC) – Late or No Prenatal Care	% of births w/ known PNC status	↓6.7%	6.1%	5.0%
Birth Outcomes				
Live Births Under 1500 Grams	% of births	↓1.3%	1.5%	1.6%
Live Births Under 2500 Grams	% of births	↓7.3%	7.8%	8.6%
Births < 37 weeks gestation (preterm)	% of births	↓12%	12%	14%
Infant Health				
Mothers who initiate breastfeeding	% of mothers	↑81%	79%	83%
Infant Deaths (0-364 days)	Per 1,000 live births	↓5.6	5.8	6.1
Neonatal Deaths (0-27 days)	Per 1,000 live births	↓3.0	3.8	4.0
Post-neonatal Deaths (28-364 days)	Per 1,000 live births	↓2.6	2.0	2.1
Deaths from SUID (sudden unexpected infant death)	Per 100,000 live births	1.4	0.9	1.0
Young Child Health				
Unintentional injury deaths ages 1-5	Per 100,000 population 1-5	↑8.7	11	10
Two-year olds fully immunized	% of 2-yr olds	↑93%	85%	85%
Kindergarten children fully immunized	% of KG students	↑94%	94%	93%
WIC children >= 2 who are overweight or obese	% of WIC children >= 2	↓28.5%	29.0%	27.5%

Source: Florida Department of Health (Florida CHARTS). Figure shows 3-year rolling rates for 2012-2014. Peer County data were computed as unweighted averages. Green shading highlights indicators on which Manatee County ranks in the most favorable quartile among Florida's 67 counties; pink shading highlights indicators on which Manatee County ranks in the least favorable quartile. Green arrows mark an improved 3-year average in Manatee County for 2012-2014 compared with 2009-2011; red arrows mark a worsened average over the same period.

Figure 81. Elder Populations: Demographic, Socioeconomic & Health Data

Manatee County

Population by Age Category		
All Ages	339,350	100.0%
Under 60	232,660	68.6%
60+	106,690	31.4%
65+	81,938	24.1%
70+	57,710	17.0%
75+	37,675	11.1%
80+	23,306	6.9%
85+	11,197	3.3%

Population by Race (60+)		
White	101,106	94.8%
Non-White	5,584	5.2%
Black	4,310	4.0%
Other Minorities	1,274	1.2%

Population by Ethnicity (60+)		
Total Hispanic	4,054	3.8%
White	3,756	3.5%
Non-White	298	0.3%
Total Non-Hispanic	102,636	96.2%
Total Minorities	9,340	8.8%

Population by Gender (60+)		
Population 60+	106,690	31.4%
Male	48,670	45.6%
Female	58,020	54.4%

Financial Status (60+, % 60+)		
Below Poverty Guideline	7,775	7.3%
Below 125% of Poverty Guideline	12,627	11.8%
Minorities Below Poverty Guideline	1,310	1.2%
Minorities Below 125% of Poverty Guideline	1,825	1.7%

Medically Underserved (65+)		
Total Medically Underserved	24,171	
Medically Underserved Populations - Living in Areas Defined as Having Medically Underserved Populations	24,171	
Medically Underserved Areas - Living in Medically Underserved Areas	0	

Living Situation (60+)		
Living Alone	24,871	
Male	7,143	
Female	17,728	

Florida

Population by Age Category		
All Ages	19,490,068	100.0%
Under 60	14,701,266	75.4%
60+	4,788,802	24.6%
65+	3,571,677	18.3%
70+	2,486,270	12.8%
75+	1,627,404	8.3%
80+	1,000,396	5.1%
85+	491,126	2.5%

Population by Race (60+)		
White	4,224,950	88.2%
Non-White	563,852	11.8%
Black	465,541	9.7%
Other Minorities	98,311	2.1%

Population by Ethnicity (60+)		
Total Hispanic	684,456	14.3%
White	640,385	13.4%
Non-White	44,071	0.9%
Total Non-Hispanic	4,104,346	85.7%
Total Minorities	1,204,237	25.1%

Population by Gender (60+)		
Population 60+	4,788,802	24.6%
Male	2,165,658	45.2%
Female	2,623,144	54.8%

Financial Status (60+, % 60+)		
Below Poverty Guideline	480,972	10.0%
Below 125% of Poverty Guideline	712,215	14.9%
Minorities Below Poverty Guideline	224,886	4.7%
Minorities Below 125% of Poverty Guideline	314,006	6.6%

Medically Underserved (65+)		
Total Medically Underserved	878,154	
Medically Underserved Populations - Living in Areas Defined as Having Medically Underserved Populations	718,350	
Medically Underserved Areas - Living in Medically Underserved Areas	159,804	

Living Situation (60+)		
Living Alone	1,105,375	
Male	338,621	
Female	766,754	

Source: State of Florida Department of Elder Affairs (FL DEA 2014).

Figure 81. Elder Populations: Demographic, Socioeconomic & Health Data (continued)

Manatee County

Grandparents (60+)	
Total 60+ Living With Own Grandchildren (Under Age 18)	240,726
Grandparent Responsible for Own Grandchildren (Under Age 18)	66,600
Grandparent Not Responsible for Own Grandchildren (Under Age 18)	174,079
60+ Not Living With Own Grandchildren (Under Age 18)	4,450,385
Food Stamps (60+)	
Participants (60+)	423,504
Potentially Eligible	712,215
Food Stamp Participation Rate (60+)	59.5%
Registered Voters	
Registered to Vote in Florida - All Ages	206,806
Registered to Vote in Florida - Age 60+	86,447
Percent of Population Registered to Vote in Florida - Age 60+	41.8%
Households With Cost Burden Above 30% and Income Below 50% Area Median Income (65+) (2010)	
Elder Households	46,787
Percent of All Households	15.1%
Median Household Income (All Ages)	
2008-2012	\$47,910
Medicaid & Medicare Eligibility	
Medicaid Eligible - All Ages	51,200
Medicaid Eligible - 60+	6,130
Dual Eligible - All Ages	8,617
Dual Eligible - 60+	5,568
Veterans	
Total	26,355
Age 45-64	9,183
Age 65-84	14,126
Age 85+	3,046
Disability Status (60+)	
With One Type of Disability ^a	14,459
Hearing	13,439
Vision	5,303
Cognitive	6,284
Ambulatory	17,628
Self-Care	5,182
Independent Living	10,517
With Two or More Disabilities	13,974
With No Disabilities	79,570
Probable Alzheimer's Cases ^c	11,156
English Proficiency (60+)	
With Limited English Proficiency	1,709

Florida

Grandparents (60+)	
Total 60+ Living With Own Grandchildren (Under Age 18)	2,795
Grandparent Responsible for Own Grandchildren (Under Age 18)	1,119
Grandparent Not Responsible for Own Grandchildren (Under Age 18)	1,681
60+ Not Living With Own Grandchildren (Under Age 18)	102,175
Food Stamps (60+)	
Participants (60+)	4,294
Potentially Eligible	12,627
Food Stamp Participation Rate (60+)	34.0%
Registered Voters	
Registered to Vote in Florida - All Ages	11,746,662
Registered to Vote in Florida - Age 60+	3,936,446
Percent of Population Registered to Vote in Florida - Age 60+	33.5%
Households With Cost Burden Above 30% and Income Below 50% Area Median Income (65+) (2010)	
Elder Households	2,095,443
Percent of All Households	16.5%
Median Household Income (All Ages)	
2008-2012	\$43,876
Medicaid & Medicare Eligibility	
Medicaid Eligible - All Ages	3,681,200
Medicaid Eligible - 60+	584,612
Dual Eligible - All Ages	720,164
Dual Eligible - 60+	513,398
Veterans	
Total	1,246,139
Age 45-64	544,232
Age 65-84	584,562
Age 85+	117,348
Disability Status (60+)	
With One Type of Disability ^a	676,316
Hearing	552,983
Vision	260,704
Cognitive	387,546
Ambulatory	939,108
Self-Care	324,725
Independent Living	591,257
With Two or More Disabilities	772,450
With No Disabilities	3,343,441
Probable Alzheimer's Cases ^c	485,000
English Proficiency (60+)	
With Limited English Proficiency	392,461

Source: State of Florida Department of Elder Affairs (FL DEA 2014)

MENTAL HEALTH & SUBSTANCE ABUSE

Mental health is more than the absence of mental illness. It can be defined as:

A STATE OF WELL-BEING IN WHICH THE INDIVIDUAL REALIZES HIS OR HER OWN ABILITIES, CAN COPE WITH THE NORMAL STRESSES OF LIFE, CAN WORK PRODUCTIVELY AND FRUITFULLY, AND IS ABLE TO MAKE A CONTRIBUTION TO HIS OR HER COMMUNITY. (CDC 2015)

About 17% of U.S adults are estimated to be in a state of optimal mental health, and there is increasing evidence that good mental health supports favorable physical health outcomes. Depression, the most common mental illness, affects more than 26% of the US adult population and is projected to become the second leading cause of disability worldwide by the year 2020 (second only to coronary heart disease).

This section reviews health status in Manatee County based on indicators of mental health, mental illness, and use of harmful and addictive substances.

Mental Health & Mental Illness

On the whole, adults in Manatee County adults view their own mental health more positively than adults statewide. Survey data show that more Manatee County adults perceive themselves as in “good mental health,” compared to adults in Florida; and this difference is seen in most age, gender, racial, ethnic, and income groups (Figure 82). A similar pattern is seen in adults’ estimates of the frequency of unhealthy mental health days; one exception is the highest income category, \$50,000 or more, where self-perceptions of mental health are less positive in Manatee County than in Florida (Figure 82).

Figure 82. Self-Ratings of Mental Health

	Percentage of Adults Reporting Good Mental Health		Average Number of Unhealthy Mental Health Days (past 30 days)	
	Manatee County	Florida	Manatee County	Florida
ALL	89%	87%	3.9	4.1
AGE				
18 to 44 years	90%	87%	4.5	4.2
45 to 64 years	84%	84%	4.8	4.9
65 years and older	94%	92%	2.1	2.6
SEX				
Male	92%	89%	2.8	3.5
Female	87%	86%	4.8	4.6
RACE & ETHNICITY				
Non-Hispanic White	89%	88%	3.5	3.8
Non-Hispanic Black	n/a	85%	n/a	4.5
Hispanic	90%	87%	4.5	4.4
ANNUAL INCOME				
Under \$25,000	86%	80%	4.6	6.0
\$25,000 to \$49,999	93%	87%	3.2	4.3
\$50,000 or more	92%	93%	3.0	2.4

Source: BRFSS 2013 (via Florida CHARTS). “n/a” indicates no data are available due to a small sample size.

Despite the encouraging data on self-rated mental health (Figure 82), indicators of mental illness outcomes in Manatee County are less favorable:

- **Depression.** More adults in Manatee County have been told (ever) they have a depressive disorder (21%), compared to adults statewide (17%; BRFSS 2013).
- **Suicide.** In extreme cases mental ill-health can lead to suicide. An earlier section of this report presents data on suicide as a leading cause of death and YYPL in Manatee County (see Figure 41). Since 2008 the suicide death rate in Manatee County has exceeded the state average; and the 2014 suicide rate in Manatee County is 25% higher than the state rate (3-year rolling average; Florida CHARTS).

Drug & Alcohol Abuse

Addiction, drug abuse, and alcohol abuse threaten public health in direct and indirect ways:

ADDICTION IS A CHRONIC, RELAPSING DISEASE CHARACTERIZED BY COMPULSIVE DRUG SEEKING AND USE DESPITE NEGATIVE CONSEQUENCES AND BY LONG-LASTING CHANGES IN THE BRAIN.... MOST DRUGS ALTER A PERSON'S THINKING AND JUDGMENT, WHICH CAN INCREASE THE RISK OF INJURY OR DEATH FROM DRUGGED DRIVING OR INFECTIOUS DISEASES. (NIDA 2015)

Drug Abuse & Overdose. Unintentional poisoning, including overdose from prescription and nonprescription drugs, is the most frequent cause of unintentional injury death in Florida. As Figure 53 (above) showed, unintentional poisoning deaths are increasing in Florida, and this rising death rate is especially steep in Manatee County. In 2014 Manatee County had the highest (single-year) unintentional poisoning death rate of any Florida county (Florida CHARTS).

State- and county-level information on drug-related deaths in Manatee County is available in the 2014 Annual Report on Drugs Identified in Deceased Persons by Florida Medical Examiners (FDLE/MEC 2015). The FDLE report presents data on death occurrences where frequently abused drugs were found to be present, including deaths where the drug was found to be present but not the cause. These drug death occurrences include deaths classified as accidental, homicide, natural, suicide, or of undetermined cause. Because multiple drugs may be present, the data for specific drug categories are not mutually exclusive.

For Florida as a whole the 2014 Annual Report (FDLE/MEC 2015) shows that:

- The drugs causing the most deaths in 2014 were benzodiazepines (1,175 deaths), cocaine (720 deaths), morphine (705 deaths), ethyl alcohol (595 deaths), oxycodone (470 deaths), heroin (408 deaths), fentanyl (397 deaths), methadone (312 deaths), and hydrocodone (250 deaths).
- Four drugs were found to be particularly lethal, causing death in more than 50% of cases where the substance was present: heroin (91%), fentanyl (74%), methadone (63%), and morphine (59%).
- **Unfavorable trends:** Since 2010 Florida shows more heroin death occurrences (up from about 50 to 447 deaths) and more fentanyl death occurrences (up from about 225 to 538 deaths). Since 2013 there are increased drug deaths in Florida caused by heroin (up 111.3%), cocaine (up 18.6%), fentanyl (up 114.6%), morphine (137 more deaths), tramadol (6 more deaths), methamphetamine (9 more deaths), and amphetamine (18 more deaths).
- **Favorable trends:** Since 2010 there are fewer drug deaths in Florida caused by oxycodone (down 69%). Since 2013 there are fewer drug deaths in Florida caused by methadone (77 fewer deaths), hydrocodone (41 fewer deaths) and oxycodone (down 12%).

The FDLE report also includes county-specific data showing that:

- Manatee County is the only county in Florida with:
 - cocaine death occurrences above 15 per 100,000.
 - heroin death occurrences above 10 per 100,000.
 - fentanyl death occurrences above 10 per 100,000.
- Manatee County is one of only two Florida counties with morphine death occurrences above 15 per 100,000; this means that Manatee County is in the least favorable quartile among Florida's 67 counties.
- Manatee County is one of 13 Florida counties with methadone death occurrences above 5 per 100,000 (least favorable quartile).
- Manatee County is one of 15 Florida counties with alprazolam death occurrences above 10 per 100,000 (least favorable quartile).

Alcohol Abuse: Binge Drinking & Alcohol-Related Motor Vehicle Crashes. Binge drinking means consuming an excessive amount of alcohol (for women: 4 or more alcoholic drinks; for men: 5 or more alcoholic drinks) on a single occasion in the past 30 days (BRFSS 2013). Binge drinking is a risk factor for health problems such as alcohol addiction; alcohol poisoning; motor vehicle crash and other unintentional injuries; stroke and other cardiovascular outcomes; liver disease; poor diabetes outcomes; neurological damage; STIs; unintended pregnancy; miscarriage; and birth defects (CDC 2015).

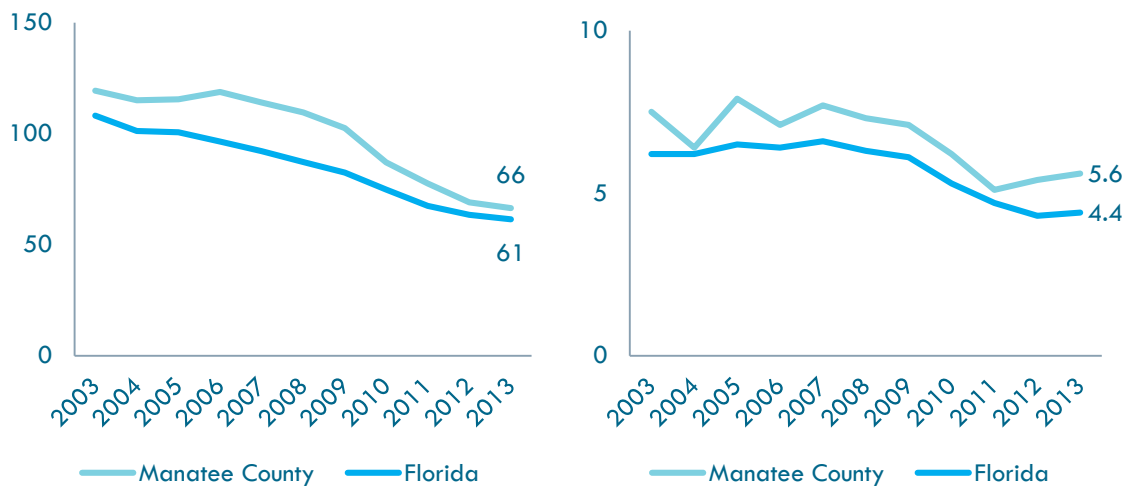
Figure 83. Percentage of Adults Reporting Binge Drinking & Cigarette Use

	Binge Drinking		Cigarette Use	
	Manatee County	Florida	Manatee County	Florida
ALL	14.0%	17.6%	19.2%	16.8%
AGE				
18 to 44 years	24.5%	24.2%	24.3%	19.2%
45 to 64 years	12.5%	16.9%	23.4%	19.8%
65 years and older	5.0%	7.2%	9.3%	8.7%
SEX				
Male	15.3%	23.4%	22.1%	19.5%
Female	13.0%	12.2%	16.7%	14.4%
RACE & ETHNICITY				
Non-Hispanic White	14.5%	17.6%	18.9%	18.6%
Non-Hispanic Black	n/a	14.0%	n/a	14.4%
Hispanic	5.2%	19.6%	21.2%	13.9%
ANNUAL INCOME				
Under \$25,000	13.0%	16.3%	27.8%	22.3%
\$25,000 to \$49,999	17.5%	17.9%	18.4%	17.7%
\$50,000 or more	12.1%	20.3%	9.9%	11.8%

Source: BRFSS 2013 (via Florida CHARTS). "n/a" indicates no mean available due to a small sample size.

Figure 83 presents survey data suggesting that fewer adults engage in binge drinking in Manatee County compared to Florida as a whole. Self-reported binge drinking by Manatee County adults also shows a downward trend, from 19% in 2010 to 14% in 2013 (compared to an increased state rate from 15% to 18%; BRFSS 2013). Compared to state averages, binge drinking is less common in Manatee County among men, Hispanic adults, and at high levels of income; and it is most prevalent among adults aged 18 to 44 years.

Figure 84. Alcohol-Related Motor Vehicle Crash Injuries (left) and Deaths (right)



Source: Florida Department of Highway Safety and Motor Vehicles (via Florida CHARTS).
Note: Figure shows 3-year rolling rates per 100,000.

Figure 84 shows trends since 2003 in alcohol-related motor vehicle crash injuries and deaths. In both cases, there is a downward trend both in Manatee County and statewide, but higher injury and death rates in Manatee County as compared with Florida.

Tobacco Use. Tobacco is highly addictive, and tobacco use is a major risk factor for developing serious chronic diseases such as cancer, heart disease, stroke, and diabetes. According to the US Surgeon General, “the epidemic of smoking-caused disease in the twentieth century ranks among the greatest public health catastrophes of the century, while the decline of smoking consequent to tobacco control is surely one of public health’s greatest successes” (DHHS 2014).

Data in Figure 83 indicate that self-reported cigarette smoking is higher among adults in Manatee County than in Florida as a whole. Smoking rates are particularly high in Manatee County among men, adults aged 18 to 64, and those with the lowest incomes. One positive 2013 BRFSS survey finding was that a relatively large number of current smokers in Manatee County (67%) tried to quit at least once in the past year (compared to 61% statewide).

Adult smoking in Manatee County also appears to be on the rise, increasing from 15% in 2007 to 19% in 2013; during the same period the state rate decreased from 19% to 17%. As such Manatee County has not yet met the Healthy People 2020 national target of reducing current cigarette smoking among adults to 12.0%.



Youth Substance Abuse. Since 2004 youth in Florida have been surveyed every two years on their use of alcohol, cigarettes, and various drugs in the Florida Youth Substance Abuse Survey (FYSA 2014). The 2014 FYSA Survey shows less youth substance use in Manatee County, compared to Florida, in most substance categories (Figure 85). Trends from 2004 to 2014 for Manatee County youth are also generally favorable (Figure 86): Except for marijuana use, which shows relatively high and stable rates of usage, most substance categories show downward trends or usage by less than 5% of Manatee County youth.

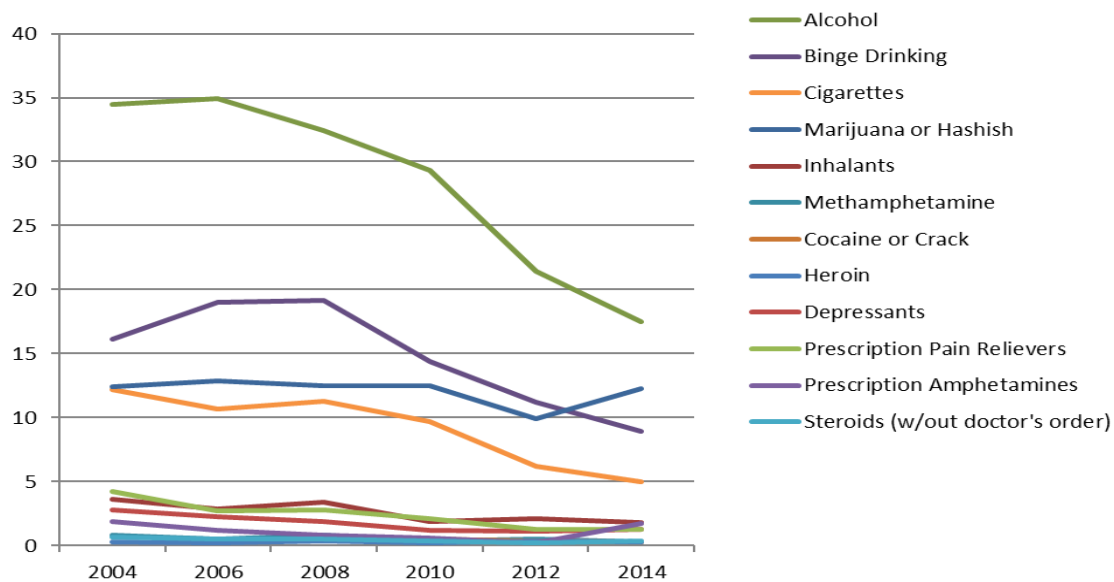
Youth Alcohol Use. Figure 85 shows that relatively few Manatee County youth aged 10 to 17 reported alcohol use and binge drinking compared to youth in Florida as a whole. The 2014 FYSA Survey also shows that the relatively low rates of alcohol use and binge drinking reported by Manatee County youth apply across most gender and age categories. As Figure 86 shows, alcohol use and binge drinking by youth in Manatee County show a downward trend since 2004.

Figure 85. Percentage of Youth Reporting Using Various Drugs (past 30 Days)

Substance Category	Manatee County	Florida	Substance Category	Manatee County	Florida
Alcohol	17.5%	20.5%	Depressants	1.3%	1.5%
Binge Drinking	8.9%	9.5%	Prescription Pain Relievers	1.3%	2.1%
Cigarettes	5.0%	4.9%	Prescription Amphetamines	1.7%	1.2%
Marijuana or Hashish	12.3%	12.4%	Steroids (w/out doctor's order)	0.4%	0.3%
Synthetic Marijuana	1.0%	1.4%	Over-the-Counter Drugs	2.1%	2.1%
Inhalants	1.8%	2.1%	Any illicit drug	16.3%	16.4%
Club Drugs	0.6%	0.7%	Any illicit drug besides marijuana	7.0%	7.5%
LSD, PCP or Mushrooms	0.5%	1.0%	Alcohol only	9.4%	10.9%
Methamphetamine	0.3%	0.5%	Alcohol or any illicit drug	25.4%	27.0%
Cocaine or Crack Cocaine	0.3%	0.6%	Any illicit drug, but no alcohol	8.2%	6.7%
Heroin	0.3%	0.3%			

Source: Florida Department of Youth and Families (2014 Florida Youth Substance Abuse Survey).

Figure 86. Percentage of Manatee County Youth Using Various Drugs (past 30 days): 2004-2014



Source: Florida Department of Youth and Families (2014 Florida Youth Substance Abuse Survey).

Youth Tobacco Use. The 2014 FYSA Survey indicates that Manatee County youth aged 10 to 17 smoke cigarettes at rates similar to youth in Florida (Figure 85), and that cigarette smoking by Manatee County youth has declined since 2004 (Figure 86). In the Florida Youth Tobacco Survey (FYTS 2014) fewer Manatee County youth aged 11 to 17 reporting recent smoking of cigarettes (3.3% versus 4.3% statewide).

The 2014 FYT Survey shows recent cigarette smoking by 2.2% of Manatee County middle school students (vs. 2.3% statewide) and by 6.3% of Manatee County high school students (vs. 7.5% statewide). This suggests that Manatee County has met the Healthy People 2020 national target of reducing current adolescent cigarette smoking to 16.0%.



Youth use of tobacco in any form shows a different pattern in the 2014 FYT Survey: Slightly more Manatee youth reported recent use of tobacco in any form (9.6%), compared to Florida youth as a whole (9.2%). Manatee County youth also more frequently reported using smokeless tobacco (3.9% vs. 3.3% statewide) and electronic cigarettes (11.3% vs. 7.2% statewide).

ENVIRONMENTAL & SOCIAL DETERMINANTS OF HEALTH

Healthy People 2020 highlights the importance of addressing social determinants of health by creating social and physical environments that promote good health for all:

HEALTH STARTS IN OUR HOMES, SCHOOLS, WORKPLACES, NEIGHBORHOODS, AND COMMUNITIES. WE KNOW THAT TAKING CARE OF OURSELVES BY EATING WELL AND STAYING ACTIVE, NOT SMOKING, GETTING THE RECOMMENDED IMMUNIZATIONS AND SCREENING TESTS, AND SEEING A DOCTOR WHEN WE ARE SICK ALL INFLUENCE OUR HEALTH. OUR HEALTH IS ALSO DETERMINED IN PART BY ACCESS TO SOCIAL AND ECONOMIC OPPORTUNITIES; THE RESOURCES AND SUPPORTS AVAILABLE IN OUR HOMES, NEIGHBORHOODS, AND COMMUNITIES; THE QUALITY OF OUR SCHOOLING; THE SAFETY OF OUR WORKPLACES; THE CLEANLINESS OF OUR WATER, FOOD, AND AIR; AND THE NATURE OF OUR SOCIAL INTERACTIONS AND RELATIONSHIPS. (CDC/ODPHP 2015)

This section reviews data in six domains related to social determinants of health: (i) **Environmental Health and Built Environment**; (ii) **Healthy Weight, Nutrition, and Exercise**; (iii) **Health Care Resources**; (iv) **Health Care Access**; (v) **Disparities in Health Care and Health Outcomes**; and (vi) **Crime and Domestic Violence**.

Environmental Health & Built Environment

The excerpt below, from the CDC's National Center for Environmental Health, explains the significance and multifaceted nature of environmental health:

YOUR ENVIRONMENT IS EVERYTHING AROUND YOU—THE AIR YOU BREATHE, THE WATER YOU DRINK, THE COMMUNITY YOU LIVE IN, THE PLACES WHERE YOUR FOOD IS GROWN OR PREPARED, YOUR WORKPLACE, AND YOUR HOME. IT IS ALSO THE CHEMICALS, RADIATION, MICROBES, AND PHYSICAL FORCES WITH WHICH WE COME INTO CONTACT. WHEN YOUR ENVIRONMENT IS SAFE AND HEALTHY, YOU ARE MORE LIKELY TO STAY HEALTHY. BUT WHEN YOUR ENVIRONMENT EXPOSES YOU TO DANGEROUS EVENTS OR TOXIC SUBSTANCES, YOUR HEALTH CAN BE NEGATIVELY AFFECTED. (CDC 2015)

A snapshot of environmental health factors and outcomes in Manatee County is given in Figure 87. Environmental health factors are activities or characteristics of the environment that influence our health. Environmental health outcomes refer to injury or disease outcomes that may be caused, fully or partly, by the environment.

Figure 87 presents scores for Manatee County – together with state scores – on 25 environmental health factors as well as 14 environmental health outcomes. Four categories of environmental health factors are considered: (i) Monitoring, Enforcement, and Policy; (ii) Environmental Quality; (iii) Built Environment; and (iv) Individual (or Parental) Choices and Behaviors. Pink shading in the figure highlights indicators where Manatee County scores poorly compared to the overall state score.

The data in Figure 87 show that most of Manatee County's environmental health factor scores (19 of 25, or 76%) are either close to or better than state scores. For the environmental health outcomes, however, the picture is less positive: Less than half of Manatee County's scores (6 of 14, or 43%) show better outcomes than the state.

Figure 87. Environmental Health Factors & Outcomes

	Year Measured	Indicator & Source	Manatee County	Florida
ENVIRONMENTAL FACTORS				
Monitoring, Enforcement, Policy				
Housing units tested for radon	2012	%; EPH	44.0	80.1
Population with fluoridated water supplies	2012	%; EPH	99.9	76.6
Youth - Exposure to Secondhand Smoke, Past 7 days	2014	%; 2014 FYTS	37.9%	37.5%
Environmental quality				
Air pollution, particulate matter	2011	PM2.5; RWJF 2015 CHR	10.7	11.4
Drinking water violations	2014	%; RWJF 2015 CHR	0.0	6.0
Built environment				
Population living within ½ mile of healthy food source	2013	%; Florida CHARTS	24.9%	31.8%
Population living within ½ mile of fast food restaurant	2013	%; Florida CHARTS	28.2%	33.5%
Food Environment	2012	Index; RWJF 2015 CHR	7.3	7.0
Food Insecurity Index	2012	%; RWJF 2015 CHR	15.0	18.0
Population living within ½ mile off-street trail system	2013	%; Florida CHARTS	2.0%	10.6%
Population living within ½ mile of a park	2010	%; FGDL & US Census	45.4%	44.8%
Access to Exercise Opportunities	2013	%; RWJF 2015 CHR	94.0	93.0
Population living <500 feet of busy roadway	2013	%; Florida CHARTS	6.2	9.2
Schools & daycare facilities < 500 ft of busy road	2013	%; Florida CHARTS	14.1	19.9
Pre-1950 housing units	2008-12	%; US Census	3.7%	4.6%
Housing units built between 1950 and 1979	2008-12	%; US Census;	38.4%	36.1%
Hous. units using wood, fuel oil, kerosene, coal to heat	2008-12	%; US Census	0.20%	0.48%
Housing units that are vacant	2008-12	%; US Census	24.1%	20.4%
Workers who ride a bicycle to work	2008-12	%; Florida CHARTS	0.6%	0.6%
Workers who walk to work	2008-12	%; Florida CHARTS	1.4%	1.6%
Workers who use public transportation	2008-12	%; EPH	0.8%	2.0%
Individual (or Parental) Choices & Behaviors				
Workers who drive alone to work	2008-12.	%; Florida CHARTS	79.5%	79.5%
Workers who carpool	2008-12	%; DOH EPH	10.8%	10.1%
Long commute - driving alone	2013	%; RWJF 2015 CHR	34.0	38.0
Youth - Smoking allowed in the home	2014	%; 2014 FYTS	6.7%	8.4%
ENVIRONMENTAL HEALTH OUTCOMES				
Annual pedestrian deaths per 100,000	2003-12	%; NCSC	2.5	1.3
Asthma hospitalizations	2013	Age-adj. rate per 10,000; EPH	11.4	14.6
Asthma emergency department visits	2013	Age-adj. rate per 10,000; EPH	39.6	51.8
Youth - Lifetime Asthma	2014	%; 2014 FYTS	19.4%	20.8%
Youth - Current Asthma	2014	%; 2014 FYTS	10.6%	11.5%
Youth - Asthma Attack in Past Year	2014	%; 2014 FYTS	24.1%	17.7%
Heat-related hospitalizations during summer months	2013	Crude rate per 100,000; EPH	4.5	2.8
Heat-related ED visits during summer months	2013	Crude rate per 100,000; EPH	23.4	19.2
Salmonellosis Incidence	2014	Incidence per 100,000; FLCharts	39.1	30.8
E. Coli O157:H7 Incidence	2014	Incidence per 100,000; FLCharts	1.2	0.6
Work-related hospitalizations	2011	Rate per 100,000 employed;	115.4	96.4
Work-related ED visits	2011	Rate per 100,000 employed;	1,046.9	883.8
Dog bite related hospitalizations	2009-13	Crude rate per 100,000; EPH	3.3	5.1
Dog bite related ED visits	2009-13	Crude rate per 100,000; EPH	111.2	103.4

Source: EPH = Florida Department of Health, Environmental Public Health; FYTS = Florida Youth Tobacco Survey; RWJF 2015 CHR = Robert Wood Johnson Foundation 2015 County Health Rankings; FGDL = Florida Geographic Data Library; NCSC = National Complete Streets Coalition. Pink shading marks indicators where Manatee County's score is unfavorable compared to the overall state score.

All six environmental health factors where Manatee County compares unfavorably to Florida are in the domain of built environment (Figure 87). Neighborhood and built environment are one of five key domains of social determinants of health (DHHS/OHPDP 2015). A meaningful definition of the term built environment is offered in the following quote, from a widely-cited article in the American Journal of Public Health:

THE BUILT ENVIRONMENT INCLUDES OUR HOMES, SCHOOLS, WORKPLACES, PARKS/RECREATION AREAS, BUSINESS AREAS AND ROADS. IT EXTENDS OVERHEAD IN THE FORM OF ELECTRIC TRANSMISSION LINES, UNDERGROUND IN THE FORM OF WASTE DISPOSAL SITES AND SUBWAY TRAINS, AND ACROSS THE COUNTRY IN THE FORM OF HIGHWAYS. THE BUILT ENVIRONMENT ENCOMPASSES ALL BUILDINGS, SPACES AND PRODUCTS THAT ARE CREATED OR MODIFIED BY PEOPLE. (SRINIVASAN ET AL. 2003)

Manatee County's unfavorable scores on the built environment indicators (Figure 87) suggest that its residents – compared to Florida residents as a whole – may be more likely to:

- Lack healthy food sources within walking distance.
- Lack off-street trail systems within walking distance.
- Live in housing units built between 1950 and 1979 (when lead paints were commonly used).
- Have vacant housing units in their neighborhoods.
- Lack opportunities to walk to work.
- Lack opportunities to use public transportation to get to work.

Other environmental health factors and outcomes in Figure 87 suggest that Manatee County's residents – compared to Florida residents as a whole – may be more likely to:

- Have a fatal accident while using public roads as a pedestrian or bicyclist.
- Have a work-related injury leading to an ED visit or hospitalization.
- Require a heat-related ED visit or hospitalization during the summer months.
- Develop a reportable Salmonellosis infection.
- Visit a hospital emergency department for a dog bite.
- Have suffered an asthma attack in the past year (youth only).

Many of the environmental health domains mentioned above – where Manatee County compares unfavorably to the state – will be affected by recently adopted Complete Streets policies. According to the National Complete Streets Coalition, Complete Streets refers to long-term planning, design, and operation of a community's transportation system to enable safe access for users of all ages and abilities, including drivers, pedestrians, bicyclists, and public transit riders. Complete Streets address the built environment and its impact on health by making streets safer for bicyclists and pedestrians, as well as for drivers. Complete Streets also increase residents' transportation options and opportunities for physical activity. Finally, by increasing options for zero-emission transportation, these policies can reduce car use and pollution, and improve air quality.

Complete Streets policies directly address three of Manatee County's areas for improvement in environmental health (as reported above, Figure 87): (i) the percentage of workers who walk to work; (ii) the percentage of workers who use public transportation; and (iii) the rate of pedestrian deaths. The catalyst for adoption of these policies was the establishment of a Complete Streets Work Group, facilitated by the Florida Department of Health in Manatee County. The coordinated efforts of this work group – including emergency medical staff, bicycle advocates, county officials, and urban planners from municipalities across the county – led to the adoption of Complete Streets policies by both Manatee County and the City of Palmetto in 2013. As this 2015 CHA report goes to press, implementation plans are moving forward in both jurisdictions.

Healthy Weight, Nutrition & Exercise

Behavioral health encompasses a range of behaviors that affect health, including everyday behaviors that contribute to preventing chronic disease and maintaining a healthy body weight. According to the Florida Department of Health:

THE NUMBER ONE PUBLIC HEALTH THREAT TO FLORIDA'S FUTURE IS UNHEALTHY WEIGHT. CURRENTLY, ONLY 36 PERCENT OF FLORIDIANS ARE AT HEALTHY WEIGHT.... OVER THE NEXT 20 YEARS IN FLORIDA, OBESITY IS EXPECTED TO CONTRIBUTE TO MILLIONS OF CASES OF PREVENTABLE CHRONIC DISEASES SUCH AS TYPE 2 DIABETES, HEART DISEASE AND CANCER, COSTING AN ESTIMATED \$34 BILLION. (DOH 2015)

As a Healthy Weight Community Champion, DOH-Manatee is leading Manatee County in support of the Healthiest Weight Florida goal: to bend the weight curve by 5% by 2017.

Figure 88 presents survey data comparing Manatee County to the Peer Counties and Florida on body weight, nutrition, and exercise. Green and pink shading in the figure shows where Manatee County falls in, respectively, the most favorable and least favorable quartiles among Florida's 67 counties. These data show relative strengths and areas for improvement in Manatee County:

- Strengths include relatively low rates of adult obesity and physical inactivity; and a relatively large number of adults meeting aerobic recommendations and consuming at least 2 daily servings of fruit.
- Areas for improvement include overweight and vegetable consumption among adults; and overweight, obesity, and physical activity among middle and high school students.

Figure 88. Healthy Weight, Nutrition & Exercise

	Manatee County	Peer Counties	Florida
Adults			
Adults who are at a healthy weight	↓36%	39%	35%
Adults who are overweight or obese	↑62%	59%	63%
Adults who are overweight	↑37%	35%	36%
Adults who are obese	↑25%	24%	26%
Adults who meet muscle strengthening recommendations	30%	31%	30%
Adults who meet aerobic recommendations	57%	55%	50%
Adults who are sedentary	↓23%	26%	28%
Adults who consume at least 5 servings of fruits and vegetables a day	↓17%	17%	18%
Adults who consume 3 or more servings of vegetables per day	↓17%	16%	17%
Adults who consume 2 or more servings of fruit per day	↓33%	33%	32%
Middle & High School Students			
Middle & high school students who are at a healthy weight	65%	67%	68%
Middle & high school students who are overweight or obese	↑31%	28%	28%
Middle & high school students who are overweight	↑18%	16%	16%
Middle & high school students who are obese	↑13%	12%	12%
Middle & high school students physically active at least 60 min/day all past 7 days	22%	25%	23%

Source of Data on Adults: 2013 BRFSS. Source of Data on Students: 2014 FYTS (via Florida CHARTS). Peer County data were computed as unweighted averages. Green shading highlights indicators on which Manatee County ranks in the 1st (most favorable) quartile among Florida's 67 counties; pink shading highlights indicators on which ranks in the 4th (least favorable) quartile. Arrows represent comparison with previous survey measurements (where available): for adults 2010 vs 2013 BRFSS; for students 2012 vs. 2014 FYTS.

Health Care Resources

Health Care Facilities. Figure 89, Figure 90, and Figure 91 present data on health care facilities.

Figure 89. Licensed Health Care Facilities in Manatee County

Facility Type	Profit Status	Number of Facilities	Number of Licensed Beds
Adult Day Care Center	Not-For-Profit	2	200
Adult Family Care Home	For-Profit	8	38
Ambulatory Surgical Center	For-Profit	9	0
Assisted Living Facility	For-Profit	35	1,952
	Not-For-Profit	2	182
Clinical Laboratory	For-Profit	36	0
	Not-For-Profit	8	0
Crisis Stabilization Unit/Short Term Residential Treatment	Not-For-Profit	1	24
End-Stage Renal Disease Center	For-Profit	7	0
Health Care Clinic	For-Profit	18	0
	Not-For-Profit	2	0
Health Care Clinic Exemption		129	0
Health Care Services Pool	For-Profit	1	0
Home Health Agency	For-Profit	30	0
	Not-For-Profit	1	0
Home Medical Equipment Provider	For-Profit	10	0
Homemaker and Companion Service	For-Profit	30	0
	Not-For-Profit	1	0
Hospital	For-Profit	4	882
	Not-For-Profit	1	30
Multi-phasic Health Test Center	For-Profit	4	0
Nurse Registry	For-Profit	6	0
Nursing Home	For-Profit	10	1,167
	Not-For-Profit	3	419
Prescribed Pediatric Extended Care Center	For-Profit	1	35
Rehabilitation Agency	For-Profit	1	0
Residential Treatment Center for Children and Adolescents	For-Profit	1	64
Transitional Living Facility	For-Profit	3	15

Source: Agency for Healthcare Administration (floridahealthfinder.gov; accessed 10/19/2015).

Figure 90. Licensed Beds of Specific Types in Manatee County

Type of Bed	Total # Beds in Manatee County	# Beds per 100,000 population in Manatee County	# Beds per 100,000 population in Florida
Total Hospital	912	268	317
Total Acute Care	764	225	260
NICU Level II	6	1.8	5.3
Specialty Care	148	44	57
Adult Psychiatric	82	24	20
Adult Substance Abuse	12	3.5	1.6
Child and Adolescent Psychiatric	20	5.9	2.8
Intensive Residential Treatment Facility	0	0	0.8
Rehabilitation	28	8.2	13
Nursing Home	1,581	465	427

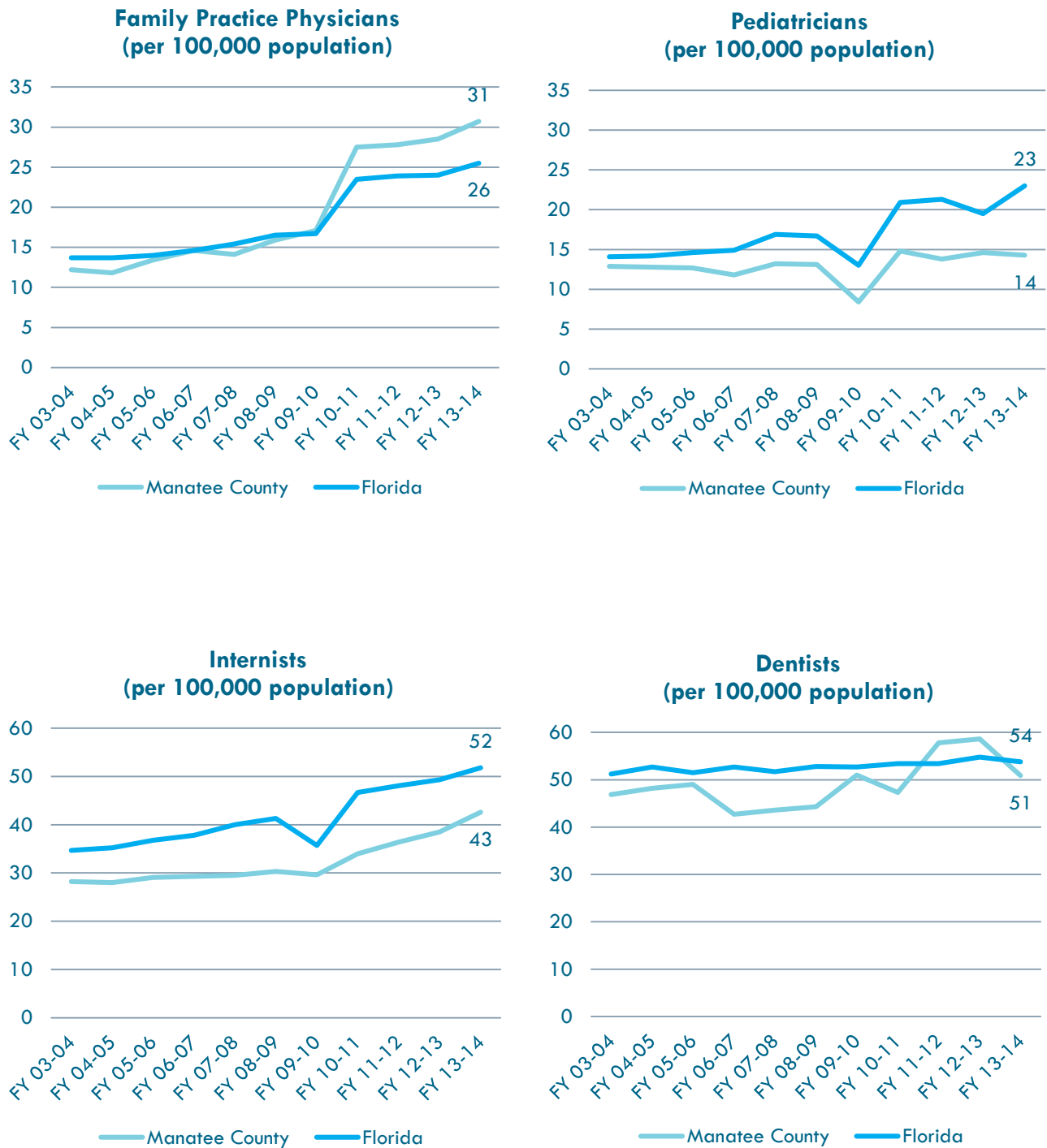
Source: Agency for Healthcare Administration (via Florida CHARTS). Single-year rates per 100,000 population, 2014. NICU stands for "Neonatal Intensive Care Unit."

Figure 91. Manatee County's 5 Licensed Hospitals: Characteristics & Services

Blake Medical Center	
Location (zip code) & Profit Status :	34209; For-Profit
Number & Type of Licensed Beds :	383: Acute Care (355), Comprehensive Medical Rehabilitation (28)
% Countywide Hospital Use (2014) :	38.8% of In-Patient Days; 9.7% of Outpatient Surgery Visits
Emergency Department :	Yes, Level 2 Trauma Center (26.0% of county ED visits in 2014)
Emergency Services :	Anesthesia, Cardiology, Cardiovascular Surgery, Colon & Rectal Surgery, Emergency Medicine, Endocrinology, Gastroenterology, General Surgery, Gynecology, Hematology, Internal Medicine, Nephrology, Neurology, Neurosurgery, Obstetrics, Ophthalmology, Oral/Maxillo-facial Surgery, Orthopedics, Otolaryngology, Plastic Surgery, Podiatry, Psychiatry, Pulmonary Medicine, Radiology, Thoracic Surgery, Urology, Vascular Surgery
Programs :	Burn Unit - Provisional, Level 2 Adult Cardiovascular Services, Primary Stroke
Special Services :	Adult Open Heart Surgery
Baker Act Receiving Facility :	No
Manatee Memorial Hospital	
Location (zip code) & Profit Status :	34208; For-Profit
Number & Type of Licensed Beds :	319: Acute Care (289), Adult Psychiatric (24), Neonatal Intensive Care Unit Level 2 (6) (6)
% Countywide Hospital Use (2014) :	40.6% of In-Patient Days; 13.7% of Outpatient Surgery Visits
Emergency Department :	Yes (53.6% of county ED visits in 2014)
Emergency Services :	Anesthesia, Burns, Cardiology, Cardiovascular Surgery, Colon & Rectal Surgery, Emergency Medicine, Endocrinology, Gastroenterology, General Surgery, Gynecology, Hematology, Internal Medicine, Nephrology, Neurology, Neurosurgery, Obstetrics, Ophthalmology, Orthopedics, Otolaryngology, Podiatry, Psychiatry, Pulmonary Medicine, Radiology, Thoracic Surgery, Urology, Vascular Surgery
Programs :	Level 2 Adult Cardiovascular Services, Primary Stroke Center
Special Services :	Adult Open Heart Surgery
Baker Act Receiving Facility :	No
Lakewood Ranch Medical Center	
Location (zip code) & Profit Status :	34202; For-Profit
Number & Type of Licensed Beds :	120: Acute Care (120)
% of Countywide Hospital Use :	8.5% of In-Patient Days; 7.9% of Outpatient Surgery Visits
Emergency Department :	Yes (20.8% of county ED visits in 2014)
Emergency Services :	Anesthesia, Cardiology, Colon & Rectal Surgery, Emergency Medicine, Endocrinology, Gastroenterology, General Surgery, Gynecology, Hematology, Internal Medicine, Nephrology, Neurology, Neurosurgery, Obstetrics, Ophthalmology, Orthopedics, Otolaryngology, Plastic Surgery, Podiatry, Pulmonary Medicine, Radiology, Thoracic Surgery, Urology, Vascular Surgery
Programs :	Level 1 Adult Cardiovascular Services, Primary Stroke Center
Baker Act Receiving Facility :	No
Suncoast Behavioral Health Center	
Location (zip code) & Profit Status :	34210; For-Profit
Number & Type of Licensed Beds :	60: Adult Psychiatric (40), Child Psychiatric (20)
% Countywide Hospital Use (2014) :	7.2% of In-Patient Days
Emergency Services :	No Emergency Services
Baker Act Receiving Facility :	Yes
Centerstone of Florida	
Location (zip code) & Profit Status :	34208; Not-for-Profit
Number & Type of Licensed Beds :	30: Adult Psychiatric (18), Adult Substance Abuse (12)
% Countywide Hospital Use (2014) :	4.9% of In-Patient Days
Emergency Services :	Psychiatry
Baker Act Receiving Facility :	Yes

Source: Agency for Healthcare Administration (floridahealthfinder.gov; accessed 10/19/2015).

Figure 92. Licensed Family Practice Physicians, Pediatricians, Internists & Dentists



Source: Florida Department of Health (via Florida CHARTS).
Figure shows 3-year rolling rates per 100,000 population.

Health Care Providers. According to the 2014 Physician Workforce Annual Report (Florida DOH 2014), there were 592 registered physicians in Manatee County in 2013-2014: 31 in Anesthesiology; 16 in Dermatology; 33 in Emergency Medicine; 97 in Family Medicine; 14 in General Surgery; 62 in Internal

Medicine; 28 in OBGYN; 7 in a Pediatric Subspecialty; 36 in Pediatric; 23 in Psychiatry; 25 in Radiology; 34 in a Surgical Specialty; and 168 in other categories.

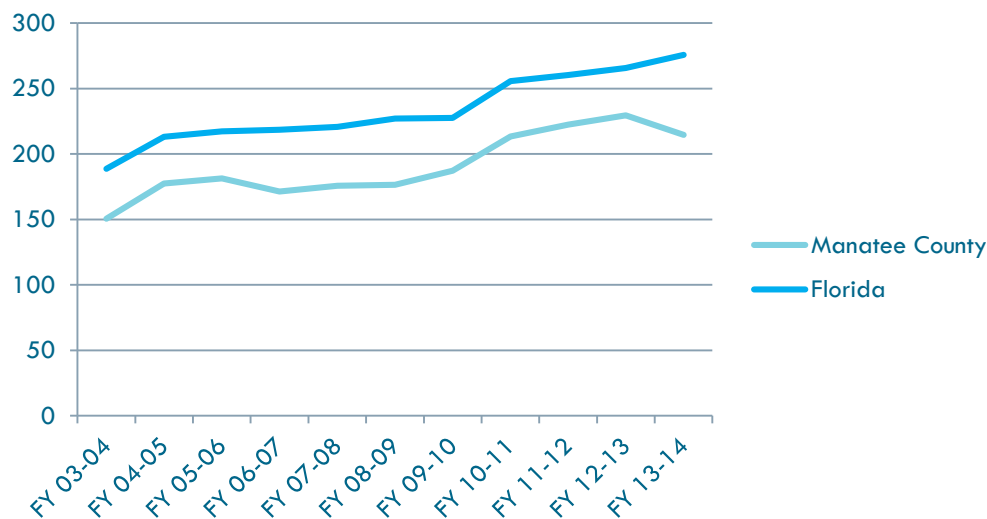
Trends in the availability of licensed family practice physicians, pediatricians, internists, and dentists are displayed in Figure 92 (above), revealing the following patterns:

- The number of family practice physicians in Manatee County has exceeded the state rate since 2011.
- There is an increasing gap in the number of pediatricians in Manatee County as compared with Florida. In FY 2013-2014 the number of pediatricians in Manatee County was about 40% lower than the state rate.
- The number of internists in Manatee County is rising but remains below the state rate.
- The number of dentists in Manatee County is relatively stable, remaining at or near the state rate.

A specific concern expressed by some community participants in the 2015 CHA was a lack of health care professionals specialized in gerontology, and a lack of providers and resources for treatment of dementia and other health issues faced by elder populations.

Figure 93 shows trends in the total number of licensed Florida Physicians (per 100,000 population). In Manatee County the number of physicians has been rising steadily since 2004, in step with the state rate. Manatee County still shows a consistent gap compared to Florida as a whole, however, averaging about 18% fewer physicians per 100,000 than the state. In FY 2013-2014 there were fewer physicians in Manatee County (222 per 100,000) than in the state and the Peer Counties (respectively 267 and 236 per 100,000). In the same year the individual Peer County rates varied substantially, from a low of 141 physicians per 100,000 in St. Lucie County to a high of 305 per 100,000 in Sarasota County.

Figure 93. Licensed Florida Physicians



Source: Florida Department of Health (via Florida CHARTS).
Figure shows 3-year rolling rates per 100,000 population.

Health Professional Shortage Areas & Areas of Critical Need. The U.S Department of Health and Human Services (DHHS) has developed criteria to determine health shortage designations in state and local communities. There are two types of health professional shortage designations: Health Professional Shortage Areas (HPSA) and Medically Underserved Areas or Populations (MUA/MUP). Criteria for both designations include: infant death rate and low birth weight, primary care physician-to-population ratios, poverty, percent of elderly population, and barriers to access care. These designations are used by more than 34 federal programs to determine eligibility for services or funding preferences. For example, the designations can be used to determine the need and location of community and migrant health centers and rural clinics, or for eligibility for National Health Service Corps scholarships and loan forgiveness programs.

Figure 94. Health Professional Shortage Areas (HPSA) Designations

HPSA Discipline Class		HPSA Name
Primary Care	Population Group :	Low Income – Bradenton/Manatee (25 census tracts)
	Population Group :	Low Income – Palmetto/Parrish (16 census tracts)
	Facility :	Manatee County Rural Health Services
Dental Care	Population Group :	Low Income – Bradenton (25 census tracts)
	Population Group :	Low Income – Palmetto/Parrish (16 census tracts)
	Facility :	Manatee County Rural Health Services
Mental Health	Facility :	Manatee County Rural Health Services

Source: Health Resources and Services Administration (HRSA), US Department of Health and Human Services. Specific census tracts are identified at datawarehouse.hrsa.gov.

MUA/MUPs use similar data, namely an index with scores ranging from 1 to 100 are assigned. A score of less than 62 is required for designation as an MUA/MUP. Manatee County has a designation as a Medically Underserved Population for low income and migrant farm workers county-wide based on a score of 50.1.

Florida Statute 458.315 F.S. specifies facilities that are eligible for designation as Area of Critical Need Facilities, including health departments, correctional facilities, department of veterans' affairs clinics, and community health centers funded by the United States Public Health Services Act. Additional facilities may also be designated based on their location in a federally designated Health Professional Shortage Area. Facilities Approved as Areas of Critical Need in Manatee County are listed in Figure 95.

Figure 95. Facilities Approved as Areas of Critical Need in Manatee County

Facility Name	Year (or Method) of Approval
Manatee County Health Department	(CHD)
We Care Manatee	(VHCPP)
Manatee County Rural Services (12 Centers in Manatee & adjacent counties)	1994
Centerstone of Florida (formerly Manatee Glens)	1994
Community Coalition on Homeless	2009
Manatee Memorial Hospital	2012
Jaime F. Rubio, MD, Clinica Dr. Rubio	2013

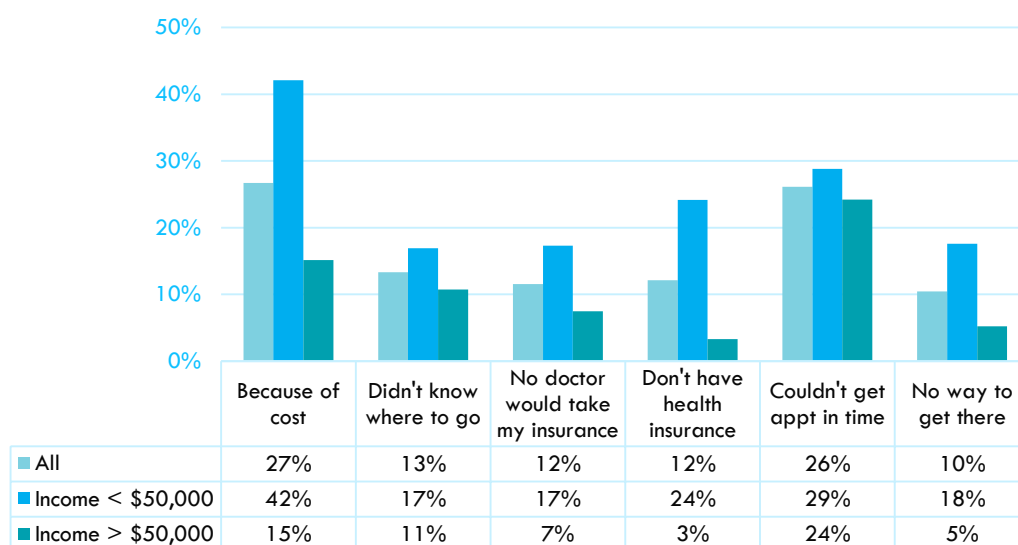
Source: Florida Department of Health (DOH list updated 10/13/2015). CHD = county health department; VHCPP = volunteer health care provider program.

Health Care Access

This fourth section on environmental and social determinants of health reviews data related to health care access: health insurance coverage and access to dental and preventive care services.

Barriers to Health Care. The CHA Community Health Survey included questions on barriers to health care. The results are shown in Figure 96, broken down by income level. The data show that community members at lower income levels experience more barriers to care, especially cost, lack of insurance, being unable to get an appointment in time, and having no way to get to health appointments.

Figure 96. Percent of Survey Respondents Who Needed to See a Doctor But Could Not (in past 12 months), by Reason and by Income Level



Source: CHA Community Health Survey.

Health Insurance Coverage. Figure 97 shows that the percentage of insured in Manatee County (15.2%) is lower than in the Peer Counties and in Florida as a whole; however, these county and Florida rates are unfavorably high compared to the national uninsured rate (11.7%).

Manatee County's current rate of uninsured represents a drop by more than 3 percentage points (from 18.4% in 2013 to 15.2% in 2014). This represents progress towards the Healthy People 2020 goal of 0% uninsured (100% insurance coverage).



The following population group differences in health insurance coverage are evident across all four geographic areas in Figure 97 (Manatee County, Peer Counties, Florida, and the U.S):

- **Age:** There is nearly 100% coverage at 65 years and over; relatively high coverage under 18 years; and lowest health insurance coverage among 19- to 25-year-olds.
- **Sex:** More men than women lack of health insurance coverage.
- **Race & Ethnicity:** Health insurance coverage is highest among White as compared to Black and Hispanic individuals.
- **Education & Income:** More people lack health insurance coverage at lower education and income levels.

Figure 97 also shows that disparities in health insurance coverage related to age, race, and ethnicity are even larger in Manatee County than in Florida as a whole: The county has a higher percentage of uninsured 19- to 25-year-olds, as well as higher percentages of uninsured Black and Hispanic residents, compared to the state.

Figure 97. Percent of Uninsured by Population Group & Percent Insured by Type of Coverage

Population Group	% Uninsured					# Uninsured
	Manatee County (2013)	Manatee County (2014)	Peer Counties (2014)	Florida (2014)	US (2014)	Manatee County (2014)
Total civilian noninstitutionalized population	18.4%	15.2%	15.9%	16.6%	11.7%	53,075
AGE						
Under 18 years	10.6%	7.8%	11.1%	9.3%	6.0%	5,321
18 to 64 years	29.4%	24.7%	24.9%	23.8%	16.3%	47,346
65 years and older	0.6%	0.5%	0.7%	1.5%	0.9%	408
19 to 25 years	40.6%	35.0%	34.2%	29.4%	20.4%	9,224
SEX						
Male	20.2%	16.3%	17.6%	18.2%	12.9%	27,577
Female	16.8%	14.2%	14.4%	15.1%	10.5%	25,498
RACE AND ETHNICITY						
White alone, not Hispanic or Latino	12.8%	10.9%	12.1%	12.1%	8.1%	27,398
Black or African American alone	27.5%	24.3%	19.3%	19.1%	13.6%	7,407
Asian alone	34.6%	19.0%	18.9%	16.8%	10.6%	1,318
Hispanic or Latino (of any race)	37.9%	29.7%	31.8%	25.7%	23.5%	16,304
EDUCATIONAL ATTAINMENT						
Less than high school graduate	34.1%	34.7%	31.5%	29.3%	26.4%	9,173
High school graduate, GED, or alternative	22.7%	21.2%	19.8%	21.9%	15.7%	17,347
Some college or associate's degree	18.3%	13.3%	13.5%	16.2%	11.4%	9,576
Bachelor's degree or higher	7.3%	4.2%	6.0%	8.3%	5.1%	3,185
HOUSEHOLD INCOME						
Under \$25,000	26.2%	20.4%	23.7%	23.5%	18.3%	12,491
\$25,000 to \$49,999	24.6%	19.7%	19.5%	21.4%	16.9%	15,506
\$50,000 to \$74,999	18.0%	19.6%	15.8%	16.8%	12.2%	13,988
\$75,000 to \$99,999	11.1%	8.5%	11.5%	11.8%	8.5%	3,903
\$100,000 and over	8.8%	6.8%	7.4%	7.5%	5.0%	6,104
EMPLOYMENT STATUS						
Employed	25.7%	20.9%	22.2%	20.5%	13.7%	30,296
Unemployed	55.0%	48.2%	45.1%	44.0%	34.4%	4,596
NATIVITY & CITIZEN STATUS						
Native born	14.8%	13.1%	12.9%	13.2%	9.4%	40,328
Foreign born, Naturalized	29.1%	14.0%	15.3%	15.9%	11.4%	2,509
Foreign born, Not a citizen	52.2%	42.1%	51.3%	45.9%	40.0%	10,238
Type of Health Insurance Coverage (alone or in combination)	% Insured by Type of Coverage					# Insured
	Manatee County (2013)	Manatee County (2014)	Peer Counties (2014)	Florida (2014)	US (2014)	Manatee County (2014)
Any type of health insurance coverage	81.6%	84.8%	84.2%	83.4%	88.3%	295,932
Private health insurance	59.3%	62.6%	60.7%	59.0%	66.4%	218,592
Employment-based health insurance	42.9%	45.4%	43.6%	43.9%	54.2%	158,354
Direct-purchase health insurance	17.2%	18.8%	18.1%	14.8%	12.8%	65,476
TRICARE/military health coverage	2.9%	2.3%	3.2%	3.6%	2.6%	8,066
Public coverage	40.7%	39.8%	41.8%	36.3%	33.2%	139,023
Medicare coverage	27.1%	27.2%	28.7%	20.9%	16.3%	95,059
Medicaid/means-tested public coverage	16.2%	14.8%	15.5%	18.3%	19.2%	51,590
VA Health Care	3.9%	3.6%	4.1%	2.9%	2.2%	12,597

Source: American Community Survey, 1-yr estimates for 2013 & 2014. Peer County data computed as unweighted averages.

Preventive Medical Care & Screening. Figure 98 presents 2007, 2010, and 2013 BRFSS survey data on preventive care and screening. A comparison of the data for Manatee County and Florida shows the following:

- **Health Care Access & Coverage.** Manatee County adults show similar or better health care access on the indicators of health care access and coverage.
- **Immunization.** Fewer Manatee County adults have received a tetanus shot in the past 5 years, compared to the state average. More adults aged 65 years and over received pneumonia vaccinations in Manatee County compared to the state average; but fewer Manatee County adults in this age group received flu shots. Adult immunization rates show declines since 2007 both in Manatee County and in Florida.
- **Cancer Screening.** Fewer Manatee County adults aged 50 years and over received a colonoscopy in the past 5 years, compared to the state rate. More Manatee County women aged 18 years and over received a Pap test in the past year compared to the state rate, and more women aged 40 years and over received a breast exam in the past year. Most of the indicators suggest falling cancer screening rates since 2007 both in Manatee County and in Florida as a whole.
- **Cholesterol Awareness.** Manatee County adults reported lower cholesterol screening rates compared to Florida adults.
- **Diabetes.** Manatee County adults with diabetes received more self-management education and foot exams, but fewer A1C tests, compared to state rates. More self-management education and eye exams, but fewer foot exams, were received by diabetics in Manatee County in 2013 as compared with 2007.
- **HIV/AIDS.** Compared to state rates, fewer Manatee County adults – including those under 65 years of age – reported that they have had an HIV test. Between 2007 and 2013, HIV testing rates have fallen more sharply in Manatee County than statewide.

Figure 98. Preventive Medical Care & Screening

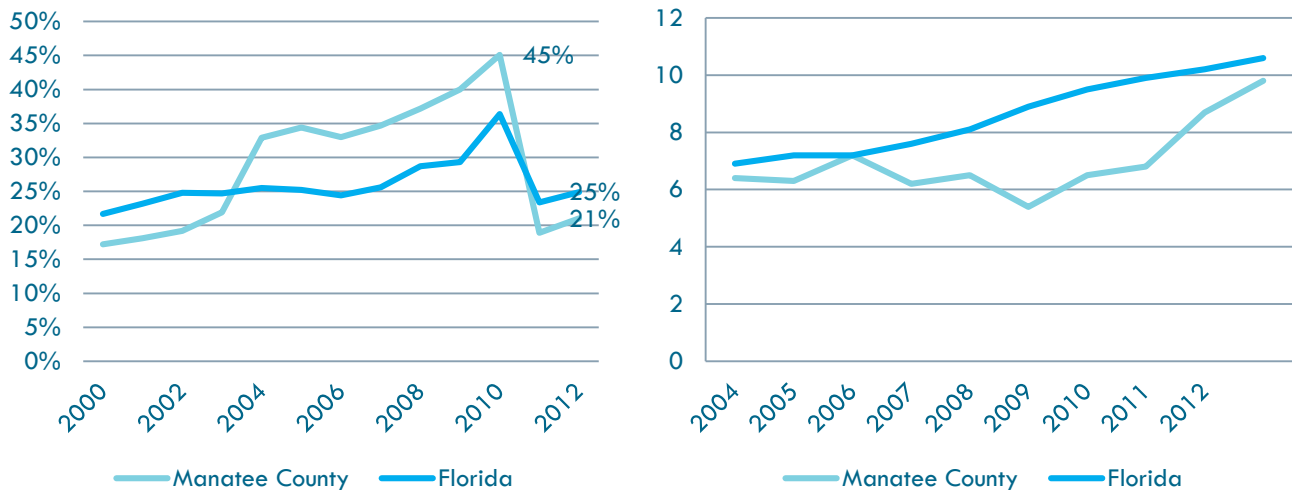
	Manatee County			Florida		
	2007	2010	2013	2007	2010	2013
Health Care Access & Coverage						
Adults who could not see a doctor at least once in past year due to cost	14%	18%	19%	15%	17%	21%
Adults who had a medical checkup in the past year	75%	69%	69%	75%	70%	70%
Adults who have a personal doctor	78%	83%	75%	77%	82%	73%
Immunization						
Adults age 65+ who have ever received a pneumonia vaccination	78%	75%	69%	63%	70%	66%
Adults age 65+ who received a flu shot in the past year	74%	68%	49%	65%	65%	55%
Adults who have ever received a pneumococcal vaccination	32%	36%	34%	26%	31%	33%
Adults who have received a tetanus shot since 2005			46%			51%
Adults who received a flu shot in the past year	37%	41%	33%	33%	37%	31%
Cancer Screening						
Adults 50+ who received a blood stool test in the past year	23%	16%	13%	21%	15%	14%
Adults 50+ who received sigmoidoscopy or colonoscopy in past 5 years	60%	55%	51%	54%	56%	55%
Adults 50+ who have ever had a blood stool test	54%	49%	38%	46%	43%	38%
Adults 50+ who have ever had a sigmoidoscopy or colonoscopy	72%	72%	70%	63%	68%	69%
Adults 50-75 w/colorectal screening based on most recent guidelines			67%			65%
Women 18+ who received a Pap test in the past year	63%	60%	57%	65%	57%	51%
Women aged 21 to 65 who had a Pap test in the past 3 years			81%			80%
Women aged 40 to 74 who received a mammogram in the past year			57%			58%
Women aged 50 to 74 who had a mammogram in the past 2 years			74%			77%
Women aged 40+ who had a clinical breast exam in the past year	66%	67%	65%	66%	63%	59%
Women who have had a hysterectomy		28%	26%		26%	25%
Cholesterol Awareness						
Adults who had their cholesterol checked in the past five years	78%		77%	79%		80%
Adults who had their cholesterol checked in the past two years	74%		72%	73%		73%
Hypertension Awareness & Control						
Adults who have ever been told they had hypertension	32%	35%	33%	28%	34%	35%
Adults with hypertension who currently take high blood pressure medicine	81%		81%	82%	83%	79%
Diabetes						
Adults who have ever been told they had diabetes	8%	11%	10%	9%	10%	11%
Adults who have ever been told they had pre-diabetes			6%			7%
Adults with diabetes who ever had diabetes self-management education	45%	60%	58%	51%	55%	50%
Adults with diabetes who had an annual eye exam	56%	70%	68%	77%	70%	70%
Adults with diabetes who had an annual foot exam	83%	80%	71%	76%	72%	68%
Adults with diabetes who had two A1C tests in the past year	59%	81%	61%	71%	76%	69%
HIV/AIDS						
Adults <65 years of age who had an HIV test in the past 12 months	19%	4%	12%	21%	7%	16%
Adults <65 years of age who have ever been tested for HIV	47%	47%	40%	49%	48%	51%
Adults who had ever been tested for HIV			33%			43%

Source: 2007, 2010 & 2013 BRFSS Surveys (via Florida CHARTS).

Dental Care. Dental health can affect, be affected by, or contribute to various diseases and conditions such as cardiovascular disease, diabetes, HIV/AIDS, osteoporosis, and Alzheimer's disease. According to the American Academy of Periodontology, periodontal disease is associated with both heart disease and stroke.

Data from the Public Health Dental Program of the Florida Department of Health show a sharp drop since 2010 in access to dental care by low-income persons (Figure 99); and recent data show lower access in Manatee County (21%) versus the state (25%). Concurrent with the drop in access to dental cares since 2010, Figure 99 shows increased preventable hospitalizations under age 65 for dental conditions.

Figure 99. Access to Dental Care by Low-Income Persons (left) and Preventable Hospitalizations Under Age 65 for Dental Conditions (right)



Source: Florida Department of Health (via Florida CHARTS).
Access data are percentages of low-income persons (single-year rates).
Data on preventable hospitalizations are rates per 100,000 population (3-year rolling rates).

Cost, knowledge, and access to providers may affect a population's oral health. According to Florida Public Health Institute (FPHI 2014), the use of hospital emergency departments for dental conditions may reflect inadequate access to primary dental care due to "lack of dental coverage for adult Medicaid patients, lack of private-practice dentists willing to accept Medicaid's low payment rates, lack of county health department resources, lack of affordable dental insurance or inability to meet high co-pays, and lack of awareness of the importance of dental health to overall health."

In 2012 there were 1,503 dental visits to emergency departments in Manatee County (FPHI 2014). The top three diagnoses for dental visits to the ER are tooth pain, dental abscess, and dental caries. Of these emergency department visits, a majority originate in the 19-34 age group, who are often uninsured or underinsured. It is likely that lack of dental insurance and high co-pays may be a contributing factor in these visits. Additionally, a majority of the 2012 emergency department dental visits occurred on regular work days and during traditional business hours, suggesting that emergency department dental trips are being made in lieu of visits to a clinic or dental office. It is also noteworthy that about 74% of dental visits to Manatee County emergency departments in 2012 originated from 5 zip codes (34205, 34207, 34208, 34221, 34203) coinciding with some of the county's most socioeconomically disadvantaged areas.

Disparities in Health Care & Health Outcomes

Health disparities related to gender, age, income, race and ethnicity have been reported in previous sections throughout this 2015 CHA report. This section revisits and highlights the topic of disparities, building on the Minority Health Profiles for Manatee County's Black and Hispanic populations available at Florida CHARTS. Figure 100 and Figure 101 present data from these minority profiles, updated with 2014 data where available.

Figure 100. Manatee County Minority Health Profile: Black vs. White

			Manatee County			Florida		
Measure	Year(s)	Rate Type	Black Rate	White Rate	Black/ White Ratio	Black Rate	White Rate	Black/ White Ratio
Socio-Demographic Characteristics								
Population	2013	% of total pop.	9%	87%	n/a	17%	78%	n/a
Population under 18 Years Old	2013	% of pop. < 18	15%	79%	n/a	22%	71%	n/a
Population 18-64 Years Old	2013	% of pop. 18-64	10%	86%	n/a	17%	78%	n/a
Population 65 and Over	2013	% of pop. 65+	3.6%	95%	n/a	8.7%	89%	n/a
Median household income	2008-12	Dollars	\$30.1K	\$50.5K	0.6:1	\$34.7K	\$50.0K	0.7:1
Individuals below poverty level	2008-12	%	28%	12%	2.4:1	27%	13%	2.1:1
Civilian labor force which is unemployed	2008-12	%	18%	11%	1.6:1	17%	10%	1.7:1
Owner-occupied housing units	2008-12	%	3.7%	93%	0:01	9.6%	86%	0.1:1
Individuals 25 years+ with no high school diploma	2008-12	%	69%	11%	6.6:1	65%	12%	5.2:1
Access to Care								
Age-adjusted asthma hospitalization rate	2010-12	Per 100,000	1043	462	2.3:1	1223	653	1.9:1
Emergency room visits due to asthma	2007-09	Per 100,000	248	113	2.2:1	256	160	1.6:1
Maternal and Child Health								
Births to mothers ages 15-19	2012-14	Per 1,000	47	33	1.4:1	36	21	1.7:1
Repeat births to mothers Ages 15-19	2012-14	%	20%	19%	1.1:1	19%	15%	1.3:1
Births to mothers 18+ w/out high school education	2012-14	%	19%	20%	0.9:1	15%	12%	1.3:1
Births to mothers overweight (BMI 25.0-29.9) at time pregnancy occurred	2012-14	%	25%	25%	1:1	26%	24%	1.1:1
Births to mothers obese (BMI>=30) at time pregnancy occurred	2012-14	%	35%	24%	1.5:1	29%	19%	1.5:1
Mothers who initiate breastfeeding	2012-14	%	65%	83%	0.8:1	73%	85%	0.9:1
Births with 1st trimester prenatal care	2012-14	%	66%	75%	0.9:1	73%	82%	0.9:1
Births with no prenatal care	2012-14	%	1.2%	1.1%	1.1:1	2.4%	1.1%	2.2:1
Births < 37 weeks of gestation	2012-14	%	17%	11%	1.6:1	18%	13%	1.4:1
Births < 1500 grams (very low birth weight)	2012-14	%	2.9%	1.1%	2.6:1	2.9%	1.2%	2.4:1
Births < 2500 grams (low birth weight)	2012-14	%	12%	7%	1.9:1	13%	7.2%	1.8:1
Very low birthweight infants born in subspecialty perinatal centers	2012-14	%	39%	44%	0.9:1	52%	51%	1.0:1
Fetal deaths	2012-14	Per 1,000	10	6.1	1.7:1	12	5.6	2.2:1
Infant deaths (0-364 days)	2012-14	Per 1,000	10	5.1	2.0:1	11.1	4.5	2.4:1
Sudden Unexpected Infant Deaths (SUID)	2012-14	Per 1,000	4.4	0.9	4.9:1	1.8	0.7	2.6:1
Births with inter-pregnancy interval < 18 months	2012-14	%	44%	38%	1.2:1	36%	35%	1:01
Injuries and Injury-related Deaths								
Age-adjusted homicide death rate	2012-14	Per 100,000	32	5.4	6.0:1	17	3.7	4.7:1
Age-adjusted suicide death rate	2012-14	Per 100,000	8.8	17	0.5:1	5.0	16	0.3:1
Age-adjusted unintentional drowning death rate	2012-14	Per 100,000	2.8	1.4	2.0:1	2.1	1.7	1.2:1
Age-adjusted firearms-related death rate	2012-14	Per 100,000	36	12	2.9:1	16.8	11	1.6:1
Age-adjusted motor vehicle crash death rate	2012-14	Per 100,000	24	12	2.0:1	12	13	0.9:1
Hospitalizations for non-fatal firearm injuries	2010-12	Per 100,000	50	5.3	9.4:1	30	4.3	6.9:1

Source: Florida Department of Health (Florida CHARTS); the table has been updated where possible with 2014 data.

Figure 100. Manatee County Minority Health Profile: Black vs. White (continued)

				Manatee County			Florida		
Measure	Rate Type			Black Rate	White Rate	Black/ White Ratio	Black Rate	White Rate	Black/ White Ratio
Leading Causes of Death									
Coronary Heart Disease									
Age-adjusted death rate	2012-14	Per 100,000		156	99	1.6:1	104	101	1.0:1
Stroke									
Age-adjusted death rate	2012-14	Per 100,000		57	275	2.1:1	47	30	1.6:1
Cancer									
Age-adjusted cancer death rate	2012-14	Per 100,000		144	146	1.0:1	157	159	1.0:1
Cancer cases diagnosed at late stage	2008-10	%		45%	40%	1.1:1	44%	42%	1.1:1
Lung Cancer									
Age-adjusted death rate	2012-14	Per 100,000		29	42	0.7:1	33	45	0.7:1
Age-adjusted incidence rate	2008-10	Per 100,000		62	62	1:01	51	67	0.7:1
Colorectal Cancer									
Age-adjusted death rate	2012-14	Per 100,000		15	13	1.2:1	17	14	1.3:1
Age-adjusted incidence rate	2008-10	Per 100,000		40	35	1.1:1	45	39	1.2:1
Breast Cancer									
Age-adjusted death rate	2012-14	Per 100,000		22	18	1.2:1	25	20	1.3:1
Age-adjusted incidence rate	2008-10	Per 100,000		105	117	0.9:1	106	117	0.9:1
Prostate Cancer									
Age-adjusted death rate	2012-14	Per 100,000		16	14	1.2:1	36	16	2.3:1
Age-adjusted incidence rate	2008-10	Per 100,000		158	83	1.9:1	191	113	1.7:1
Cervical Cancer									
Age-adjusted death rate	2012-14	Per 100,000		3.8	2.3	1.7:1	4.7	2.7	1.7:1
Age-adjusted incidence rate	2008-10	Per 100,000		7.2	7.6	1:01	12	8.6	1.4:1
Diabetes									
Age-adjusted death rate	2012-14	Per 100,000		29	12	2.5:1	39	18	2.2:1
Age-adjusted hospitalization rate	2012-14	Per 100,000		4916	1417	3.5:1	5595	1901	2.9:1
Emergency room visits due to diabetes	2007-09	Per 100,000		527	356	1.5:1	419	328	1.3:1
HIV/AIDS									
Reported AIDS Cases	2012-14	Per 100,000		40	4.0	9.6:1	50	6.4	7.9:1
Age-adjusted HIV/AIDS death rate	2012-14	Per 100,000		20	2.0	9.9:1	18	2.1	8.6:1
Reported HIV cases	2012-14	Per 100,000		69	9.3	7.5:1	78	15	5.4:1

Source: Florida Department of Health (Florida CHARTS); the table has been updated where possible with 2014 data.

Figure 101. Manatee County Minority Health Profile: Hispanic vs. Non-Hispanic

			Manatee County			Florida		
Measure	Year(s)	Rate Type	Hispanic Rate	Non-Hispanic Rate	Hispanic /Non-Hispanic Ratio	Hispanic Rate	Non-Hispanic Rate	Hispanic/ Non-Hispanic Ratio
Socio-Demographic Characteristics								
Population	2013	% of total pop.	15%	84%	n/a	24%	77%	n/a
Population under 18 Years Old	2013	% of pop. < 18	29%	71%	n/a	71%	29%	n/a
Population 18-64 Years Old	2013	% of pop. 18-64	17%	84%	n/a	76%	24%	n/a
Population 65 and Over	2013	% of pop. 65+	3.4%	97%	n/a	86%	14%	n/a
Median household income	2008-12	Dollars	\$35.4K	\$51.7K	0.7:1	\$40.9K	\$52.2K	0.8:1
Individuals below poverty level	2008-12	%	301%	9.8%	3.1:1	21%	11%	1.9:1
Civilian labor force which is unemployed	2008-12	%	13%	11%	1.2:1	12%	9.7%	1.2:1
Owner-occupied housing units	2008-12	%	5.9%	88%	0.1:1	15%	73%	0.2:1
Individuals 25 years+ with no high school diploma	2008-12	%	42%	8%	5.3:1	25%	9.1%	2.8:1
Access to Care								
Age-adjusted asthma hospitalization rate	2010-12	Per 100,000	319	561	0.6:1	703	802	0.9:1
Emergency room visits due to asthma	2007-09	Per 100,000	31	141	0.2:1	102	194	0.6:1
Maternal and Child Health								
Births to mothers ages 15-19	2012-14	Per 1,000	65	27	2.4:1	25	24	1.0:1
Repeat births to mothers Ages 15-19	2012-14	%	25%	14%	1.8:1	18%	16%	1.1:1
Births to mothers 18+ w/out high school education	2012-14	%	50%	10%	4.9:1	20%	9.5%	2.1:1
Births to mothers overweight (BMI 25.0-29.9) at time pregnancy occurred	2012-14	%	33%	23%	1:4	27%	23%	1.1:1
Births to mothers obese (BMI>=30) at time pregnancy occurred	2012-14	%	29%	24%	1.2:1	20%	22%	0.9:1
Mothers who initiate breastfeeding	2012-14	%	82%	80%	1.0:1	88%	80%	1.1:1
Births with 1st trimester prenatal care	2012-14	%	64%	76%	0.8:1	80%	80%	1.0:1
Births with no prenatal care	2012-14	%	0.6%	1.3%	0.5:1	1.1%	1.6%	0.7:1
Births < 37 weeks of gestation	2012-14	%	13%	11%	1.1:1	14%	14%	1.1:1
Births < 1500 grams (very low birth weight)	2012-14	%	1.1%	1.4%	0.8:1	1.3%	1.7%	0.8:1
Births < 2500 grams (low birth weight)	2012-14	%	5.9%	7.8%	0.8:1	7.3%	9.1%	0.8:1
Very low birthweight infants born in subspecialty perinatal centers	2012-14	%	38%	44%	0.9:1	49%	52%	0.9:1
Fetal deaths	2012-14	Per 1,000	4.9	7.3	0.7:1	5.7	7.4	0.8:1
Infant deaths (0-364 days)	2012-14	Per 1,000	6.6	5.2	1.3:1	4.8	6.4	0.8:1
Sudden Unexpected Infant Deaths (SUID)	2012-14	Per 1,000	1.7	1.2	1.4:1	0.5	1.1	0.5:1
Births with inter-pregnancy interval < 18 months	2012-14	%	37%	40%	0.9:1	29%	37%	0.8:1
Injuries and Injury-related Deaths								
Age-adjusted homicide death rate	2012-14	Per 100,000	9.5	8.7	1.1:1	4.8	6.7	0.7:1
Age-adjusted suicide death rate	2012-14	Per 100,000	3.9	19	0.2:1	7.4	16	0.5:1
Age-adjusted unintentional drowning death rate	2012-14	Per 100,000	0.5	1.8	0.3:1	1.2	2	0.6:1
Age-adjusted firearms-related death rate	2012-14	Per 100,000	9.3	16	0.6:1	5.9	14	0.4:1
Age-adjusted motor vehicle crash death rate	2012-14	Per 100,000	12	12	1.0:1	10	13	0.8:1
Hospitalizations for non-fatal firearm injuries	2010-12	Per 100,000	16	9.6	1.7:1	5.2	9.4	0.5:1

Source: Florida Department of Health (Florida CHARTS); the table has been updated where possible with 2014 data.

Figure 101. Manatee County Minority Health Profile: Hispanic vs. Non-Hispanic (continued)

Measure	Year(s)	Rate Type	Manatee County			Florida		
			Hispanic Rate	Non-Hispanic Rate	Hispanic/Non-Hispanic Ratio	Hispanic Rate	Non-Hispanic Rate	Hispanic/Non-Hispanic Ratio
Leading Causes of Death								
Coronary Heart Disease								
Age-adjusted death rate	2012-14	Per 100,000	53	103	0.5:1	88	103	0.9:1
Stroke								
Age-adjusted death rate	2012-14	Per 100,000	30	28	1.1:1	28	33	0.9:1
Cancer								
Age-adjusted cancer death rate	2012-14	Per 100,000	108	148	0.7:1	121	165	0.7:1
Cancer cases diagnosed at late stage	2008-10	%	50%	40%	1.2:1	43%	42%	1.0:1
Lung Cancer								
Age-adjusted death rate	2012-14	Per 100,000	13	42	0.3:1	24	47	0.5:1
Age-adjusted incidence rate	2008-10	Per 100,000	33	64	0.5:1	34	70	0.5:1
Colorectal Cancer								
Age-adjusted death rate	2012-14	Per 100,000	8.5	13	0.7:1	13	14	0.9:1
Age-adjusted incidence rate	2008-10	Per 100,000	24	36	0.7:1	36	40	0.9:1
Breast Cancer								
Age-adjusted death rate	2012-14	Per 100,000	12	18	0.6:1	16	21	0.7:1
Age-adjusted incidence rate	2008-10	Per 100,000	28	122	0.2:1	81	122	0.7:1
Prostate Cancer								
Age-adjusted death rate	2012-14	Per 100,000	18	14	1.3:1	18	18	1.0:1
Age-adjusted incidence rate	2008-10	Per 100,000	52	88	0.6:1	104	123	0.9:1
Cervical Cancer								
Age-adjusted incidence rate	2008-10	Per 100,000	3.3	7.6	0.4:1	8.4	9	0.9:1
Diabetes								
Age-adjusted death rate	2012-14	Per 100,000	13	12	1.0:1	18	20	0.9:1
Age-adjusted hospitalization rate	2012-14	Per 100,000	1782	1618	1.1:1	2412	2284	1.1:1
Emergency room visits due to diabetes	2007-09	Per 100,000	166	399	0.4:1	184	386	0.5:1
HIV/AIDS								
Reported AIDS Cases	2012-14	Per 100,000	9.9	7.7	1.3:1	13	15	0.8:1
Age-adjusted HIV/AIDS death rate	2012-14	Per 100,000	1.6	3.9	0.4:1	2.5	5	0.5:1
Reported HIV cases	2012-14	Per 100,000	15	15	1.0:1	30	27	1.1:1

Source: Florida Department of Health (Florida CHARTS); the table has been updated where possible with 2014 data.

Crime & Domestic Violence

This final section on environmental and social determinants of health presents additional data on crime and domestic violence. These data build on other crime data presented in earlier sections of this 2015 CHA report, namely: overall violent crime rates (see Community Profile, p. 21) and homicide rates (considered as one of the Major Causes of Death & Chronic Disease, see p. 70).

Figure 102 presents data on eight specific crime indicators. These data show the following:

- Manatee County compares **unfavorably** to the Peer Counties on all eight indicators in Figure 102.
- Manatee County compares **unfavorably** to Florida on six of the eight indicators: larceny, domestic violence, burglary, aggravated assault, forcible sex offenses, and murder.
- Manatee County compares **favorably** to Florida on motor vehicle theft and robbery.

Figure 102. Rates of Crime & Domestic Violence: Manatee County, the Peer Counties & Florida

Indicator	Manatee County	Peer Counties	Florida
Larceny	2,250	1,697	2,244
Total Domestic Violence Offenses	784	617	558
Burglary	749	488	713
Aggravated Assault	398	247	302
Motor Vehicle Theft	125	112	187
Robbery	109	68	119
Forcible Sex Offenses	78	43	52
Murder	5.3	3.8	5.1

Source: Florida Division of Law Enforcement; accessed via Florida CHARTS (2014 County Health Profiles). Peer County data were computed as unweighted averages. Data shown are 3-year rolling rates per 100,000 for 2012-2014.

TRANSITION FROM 2015 CHA TO 2015-2020 CHIP

Starting in mid-2015 a CHA results summary was shared in a series of presentations at meetings in the community, and input was invited. The CHA results summary was also shared via email with more than 100 community partners.

To address issues identified in the CHA, a CHIP process for Manatee County was initiated in July 2015. Like the CHA, the 2015 CHIP process in Manatee County stressed community engagement and partnerships. Community members and organizations were recruited and engaged as active participants in identifying and prioritizing strategic issues. Then CHIP subcommittees were formed to address key strategic issues. These subcommittees have developed a Manatee County Community Scorecard with goals, objectives, activities, short and long-term outcomes to address each strategic issue. The resulting 2015-2020 Manatee CHIP is presented in a separate report ([MHCA 2015](#)).

APPENDIX 1: 2015 CHA COMMUNITY HEALTH SURVEY (ENGLISH)

Manatee Health Care Alliance - Manatee Community Health Assessment Committee Community Health Assessment Survey						
Please take a minute to complete the survey below. The goal of the survey is to get your opinions on community health issues and quality of life in Manatee County. Thank you for your time and interest.						
1. In the following list, what do you think are the 3 most important "health problems" in our community?						
<input type="checkbox"/> Aging problems (arthritis, hearing loss, etc.)	<input type="checkbox"/> Firearm-related injuries	<input type="checkbox"/> Mental health problems				
<input type="checkbox"/> Cancers	<input type="checkbox"/> Heart disease and stroke	<input type="checkbox"/> Motor vehicle crash injuries				
<input type="checkbox"/> Child abuse / neglect	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Rape / sexual assault				
<input type="checkbox"/> Dental problems	<input type="checkbox"/> HIV / AIDS	<input type="checkbox"/> Respiratory / lung disease				
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Homicide	<input type="checkbox"/> Sexually transmitted diseases (STDs)				
<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Infant deaths	<input type="checkbox"/> Suicide				
<input type="checkbox"/> Drug abuse / overdose	<input type="checkbox"/> Infectious diseases (hepatitis, TB, etc.)	<input type="checkbox"/> Teenage pregnancy				
2. Please use the space below to list what <u>you think</u> are the most important changes needed to achieve a "healthy community" in Manatee County (those changes which would most improve health and quality of life in our community for example, tobacco cessation, reduce/prevent obesity, etc.).					3. What is your age? <input type="checkbox"/> 18- 25 years <input type="checkbox"/> 26-45 years <input type="checkbox"/> 45-65 years <input type="checkbox"/> over 65 years	
Please rate the following: (check one box in each row)		Very Unhealthy	Unhealthy	Neutral	Healthy	Very Healthy
4. How would you rate the overall health of our community?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How would you rate your own personal health?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please rate the following: (check one box in each row)		Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied
6. How satisfied are you with the quality of life in our community?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How satisfied are you with health care in our community?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Was there a time in the past 12 months when you needed to see a doctor but could not...				9. Town or city in Manatee County where you live:		
<input type="checkbox"/> because of cost? <input type="checkbox"/> because you didn't know where to go? <input type="checkbox"/> because no doctor would take your insurance? <input type="checkbox"/> because you don't have health insurance? <input type="checkbox"/> because you could not get an appointment in time? <input type="checkbox"/> because you had no way to get there (transportation, work schedule)?		<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No	_____ (enter town/city) <input type="checkbox"/> I live outside Manatee County 10. Your Zip code: _____ (enter zip) <input type="checkbox"/> I do not know		
11. <input type="checkbox"/> Male <input type="checkbox"/> Female		12. Including yourself, how many people live in your household? _____ persons				
13. Which of the following best describes your main activity during the last 3 months? <i>Select all that apply:</i>						
<input type="checkbox"/> Working at a job or business		<input type="checkbox"/> Retired		<input type="checkbox"/> Caring for children or other family members		
<input type="checkbox"/> Looking for work		<input type="checkbox"/> Student		<input type="checkbox"/> Other _____		
14. Are you Hispanic, Latino/Latina, or Spanish origin?		15. Which one or more of the following would you say is your race? <i>Select all that apply:</i>				
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Other				
16. What is the highest grade or year of school you completed?			17. Household income (per year):			
<input type="checkbox"/> Never attended school or only Grades 1 through 8 (Elementary)			<input type="checkbox"/> Less than \$10,000			
<input type="checkbox"/> Grades 9 through 11 (Some high school)			<input type="checkbox"/> \$10,000 to \$19,999			
<input type="checkbox"/> Grade 12 or GED (High school graduate)			<input type="checkbox"/> \$20,000 to \$29,999			
<input type="checkbox"/> College 1 year to 3 years			<input type="checkbox"/> \$30,000 to \$49,999			
<input type="checkbox"/> College 4 years or more			<input type="checkbox"/> Over \$50,000			
Thank you for your time and interest in helping us identify our most pressing problems and issues!						

APPENDIX 2: 2015 CHA COMMUNITY HEALTH SURVEY (SPANISH)

Manatee Health Care Alliance - Manatee Community Health Assessment Committee EVALUACION DE SALUD COMUNITARIA					
Por favor tome unos minutos para completar esta encuesta. El propósito de esta evaluación es obtener su opinión sobre los problemas de salud en nuestra comunidad y la calidad de vida en el condado de Manatee. Gracias por su participación.					
1. De la siguiente lista, ¿cuáles son los tres "problemas de salud" más importantes en nuestra comunidad?					
<input type="checkbox"/> Problemas de personas mayores (artritis, pérdida de audición, dificultad para valerse solo, etc.)	<input type="checkbox"/> Lesiones causadas por armas de fuego	<input type="checkbox"/> Problemas de salud mental			
<input type="checkbox"/> Cáncer	<input type="checkbox"/> Problemas del corazón o derrame cerebral	<input type="checkbox"/> Lesiones causadas por accidentes automovilísticos			
<input type="checkbox"/> Abuso o negligencia de niños	<input type="checkbox"/> Presión alta	<input type="checkbox"/> Asalto/violación sexual			
<input type="checkbox"/> Problemas dentales	<input type="checkbox"/> SIDA/VIH	<input type="checkbox"/> Enfermedades respiratorias			
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Homicidio	<input type="checkbox"/> Enfermedades transmitidas sexualmente			
<input type="checkbox"/> Violencia doméstica	<input type="checkbox"/> Muerte infantil	<input type="checkbox"/> Suicidio			
<input type="checkbox"/> Abuso de drogas	<input type="checkbox"/> Enfermedades contagiosas (hepatitis, tuberculosis, etc.)	<input type="checkbox"/> Embarazo de Adolescentes			
2. Favor de usar este espacio para decirnos lo que piensa con respecto a los cambios que mejorarían la salud y calidad de vida de nuestra comunidad. Por ejemplo dejar de fumar, reducir/prevenir obesidad, etc.					3. ¿Qué edad tiene usted? <input type="checkbox"/> 18- 25 años <input type="checkbox"/> 26-45 años <input type="checkbox"/> 45-65 años <input type="checkbox"/> Mayor de 65 años
Favor de seleccionar la categoría más apropiada, en su opinión, para cada pregunta (marque una casilla en cada línea)	Mal	Poco Saludable	Neutral	Saludable	Muy Saludable
4. ¿Cómo calificaría la salud general de nuestra comunidad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ¿Cómo calificaría su salud personal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Favor de seleccionar la categoría más apropiada, en su opinión, para cada pregunta (marque una casilla en cada línea)	Muy Insatisfecho	Insatisfecho	Neutral	Satisfecho	Muy Satisfecho
6. ¿Cuán satisfecho está usted con la calidad de vida en Manatee County?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. ¿Cuán satisfecho está usted con la atención de salud en Manatee County?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. En los últimos 12 meses tuvo necesidad de ver a un médico, pero no le fué posible, por...			9. Nombre de la ciudad o pueblo en el condado de Manatee donde vive		
<input type="checkbox"/> El costo	<input type="checkbox"/> si	<input type="checkbox"/> No	<input type="checkbox"/> No vivo en el Condado de Manatee. 10. Su código postal: _____		
<input type="checkbox"/> No saber a dónde ir	<input type="checkbox"/> si	<input type="checkbox"/> No			
<input type="checkbox"/> El médico no aceptó su seguro	<input type="checkbox"/> si	<input type="checkbox"/> No			
<input type="checkbox"/> No tener seguro médico	<input type="checkbox"/> si	<input type="checkbox"/> No			
<input type="checkbox"/> No poder conseguir una cita a tiempo	<input type="checkbox"/> si	<input type="checkbox"/> No			
<input type="checkbox"/> Falta de transporte (o cómo llegar a sus citas)/no poder salir del trabajo	<input type="checkbox"/> si	<input type="checkbox"/> No	<input type="checkbox"/> No lo se		
11. <input type="checkbox"/> Hombre <input type="checkbox"/> Mujer		12. Cuantas personas viven en su casa, incluyendo a Ud. mismo? _____ personas			
13. ¿Cuál ha sido su principal actividad de los últimos 3 meses? (Elija todas las que desee mencionar)					
<input type="checkbox"/> Trabajando	<input type="checkbox"/> Jubilado	<input type="checkbox"/> Cuidando a niños u otros miembros de la familia			
<input type="checkbox"/> Buscando trabajo	<input type="checkbox"/> Estudiante	<input type="checkbox"/> Otro _____			
14. ¿Es Ud. Hispano, o de origen Latino?		15. ¿Con cuál grupo étnico o raza se identificaría? (Puede elegir más de uno)			
<input type="checkbox"/> Si <input type="checkbox"/> No		<input type="checkbox"/> Blanco <input type="checkbox"/> Afro-Americano/a/Raza Negra <input type="checkbox"/> Indígena Americano o de Alaska <input type="checkbox"/> Asiático <input type="checkbox"/> Otra Raza			
16. ¿Cuál es su más alto nivel de educación?			17. Ingresos del hogar:		
<input type="checkbox"/> No tengo estudios, o solamente estudié Primaria (Grados 1 -8)			<input type="checkbox"/> Menos de \$10,000		
<input type="checkbox"/> Grados 9 – 11 (parte de la Secundaria)			<input type="checkbox"/> \$10,000 a \$19,999		
<input type="checkbox"/> Grado 12 o GED (completé la Secundaria)			<input type="checkbox"/> \$20,000 a \$29,999		
<input type="checkbox"/> 1-3 años de Universidad			<input type="checkbox"/> \$30,000 a \$49,999		
<input type="checkbox"/> 4 años o más de Universidad			<input type="checkbox"/> Más de \$50,000		
<i>¡Gracias por su tiempo e interés en ayudarnos a identificar nuestros problemas más urgentes en nuestra comunidad!</i>					

REFERENCES

- AHA 2015. American Heart Association. <http://millionhearts.hhs.gov/about/hs/cost-consequences.html/>.
- BAEDC 2013. Bradenton Area Economic Development Council. <http://www.thinkbradentonarea.com/Site-Selection/Largest-Employers.aspx/>.
- BRFSS 2013. Florida Behavioral Risk Factor Surveillance System (BRFSS) 2013 Data: Manatee. <http://www.floridahealth.gov/statistics-and-data/survey-data/behavioral-risk-factor-surveillance-system/index.html>.
- BLS 2015. Bureau of Labor Statistics. <http://www.bls.gov/data/>.
- CDC 2015. Centers for Disease Control and Prevention. <http://www.cdc.gov/>.
- CDC/MMWR 2012. Centers for Disease Control and Prevention. *Morbidity and Mortality Weekly Report*. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6115a5.htm/>.
- CDC/NPHPS 2015. Centers for Disease Control and Prevention, National Public Health Performance Standards. The Public Health System and the 10 Essential Public Health Services. <http://www.cdc.gov/nphps/essentialservices.html/>.
- CDC/DCH 2015. Centers for Disease Control and Prevention Division of Community Health. *About DCH*. <http://www.cdc.gov/nccdphp/dch/about/index.htm/>.
- CDC/USCS 2015. Centers for Disease Control and Prevention, United States Cancer Statistics. <https://nccd.cdc.gov/uscs/>.
- CRHSP/IPPL 2008. *State of Health Care System in Manatee County: Findings and Analysis*. A Report Prepared for the Manatee Chamber Foundation by the Center for Research in Healthcare Systems and Policy and the Institute for Public Policy and Leadership, University of South Florida Sarasota-Manatee. <http://www.manateechamber.com/Final111608withAppendices.pdf>.
- DeSalvo et al. 2005. Mortality Prediction with a Single General Self-Rated Health Question: A Meta-Analysis. *Journal of General Internal Medicine*, 20: 267-275.
- DHHS 2014. US Department of Health and Human Services. *The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General US Surgeon General*. <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/exec-summary.pdf>.
- DHHS 2015. US Department of Health and Human Services, Office of Disease Prevention and Health Promotion. *Healthy People 2020*. <http://www.healthypeople.gov/>.
- DHHS/ODPHP 2015. US Department of Health and Human Services, Office of Disease Prevention and Health Promotion. *2020 Topics and Objectives: Social Determinants of Health*. <http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/>.
- DOH 2012. Florida Department of Health (DOH). *State Health Assessment: Florida 2012*. <http://www.floridahealth.gov/about-the-department-of-health/about-us/state-and-community-health-assessment/state-health-assmt/index.html>.
- DOH 2014. Florida Department of Health (DOH). *2014 Physician Workforce Annual Report*. <http://www.floridahealth.gov/provider-and-partner-resources/community-health-workers/physician-workforce-development-and-recruitment/images/PhysicianWorkforce2014.pdf>.
- DOH 2015. Florida Department of Health (DOH). *Healthiest Weight Florida* (a public-private collaboration). <http://www.healthiestweightflorida.com/>.
- DOH-Manatee 2014. Florida Department of Health in Manatee County, Environmental Health Division. *Environmental Public Health Performance Standards Assessment*. August 2014.
- DOH-Manatee 2015. Florida Department of Health in Manatee County. *Manatee-Sarasota Healthy Food Access Assessment*.

- FDLE 2015. Florida Department of Law Enforcement. *Crime in Florida, Florida Uniform Crime Report, Statewide County Reports 2010-2014*. <http://www.fdle.state.fl.us/Content/FSAC/UCR/Annual-UCR.aspx/>.
- FDLE/MEC 2015. Florida Department of Law Enforcement and Medical Examiners Commission. *2014 Annual Report on Drugs Identified in Deceased Persons by Florida Medical Examiners*. <http://www.fdle.state.fl.us/Content/Medical-Examiners-Commission/Drugs-in-Deceased-Persons-Reports.aspx/>.
- FL DEA 2014. State of Florida, Department of Elder Affairs. *2014 Florida State Profile and 2014 Florida County Profile: Manatee*.
- FL DOE 2014. Florida Department of Education, Division of Accountability, Research and Measurement. *Florida's High School Cohort Graduation Rate*. December 2014.
- Florida CHARTS 2015. Florida Department of Health. Florida CHARTS (Community Health Assessment Resource Tool Set). <http://www.floridacharts.com/>.
- FPHI 2014. Florida Public Health Institute. *Hospital Emergency Department Use for Preventable Dental Conditions: 2011 & 2012: Executive Summary*.
- FYTS 2014. Florida Department of Health. *2014 Florida Youth Tobacco Survey County Reports*. www.floridahealth.gov/statistics-and-data/survey-data/fl-youth-tobacco-survey/documents/2014-county/index.html.
- FYSAS 2014. Florida Department of Children and Families. *Florida Youth Substance Abuse Survey. 2014 Survey Results. County Tables*. <http://www.myflfamilies.com/service-programs/substance-abuse/fysas/2014/>.
- MCC 2015. Manatee Chamber of Commerce. <http://www.manateechamber.com>.
- MCCS 2014. Manatee County Community Services Department. *Manatee Community Healthcare Discussions*. <https://www.mymanatee.org/home/government/departments/community-services/community-healthcare-discussions.html>.
- MHCA 2013. Manatee Healthcare Alliance. *Manatee County Community Health Assessment and Community Health Improvement Plan*. September 2013. <http://www.floridahealth.gov/provider-and-partner-resources/community-partnerships/floridamapp/state-and-community-reports/manatee-county/documents/manatee-cha.pdf>.
- MHCA 2015. Manatee Healthcare Alliance. *2015 Community Health Improvement Plan (CHIP): Manatee County*. December 2015. <http://manatee.floridahealth.gov/programs-and-services/wellness-programs/data-and-reports/documents/chip-final.pdf>.
- NACCHO 2008. National Association of County and City Health Officials. *MAPP Fact Sheet*. <http://www.naccho.org/topics/infrastructure/mapp/upload/mappfactsheet-systempartners.pdf>.
- NACCHO 2013. National Association of County and City Health Officials. *Mobilizing for Action through Planning & Partnerships: User's Handbook*. September 2013.
- NACCHO 2015. *The Jelly Bean Diagram – National Association of County and City Health Officials*. <http://www.naccho.org/topics/infrastructure/accreditation/upload/Jelly-Bean-Diagram.pptx>.
- NIDA 2015. National Institute on Drug Abuse (NIDA). <http://www.drugabuse.gov/>.
- OEDR 2015. Florida Legislature, Office of Economic and Demographic Research (OEDR). *County Profiles: Manatee County*. <http://edr.state.fl.us/content/area-profiles/county/>. May 2015.
- PHAB 2013. Public Health Accreditation Board. *PHAB Standards & Measures Version 1.5*. December 2013.
- Srinivasan et al. 2003. *Creating Healthy Communities, Healthy Homes, Healthy People: Initiating a Research Agenda on the Built Environment & Public Health*. *American Journal of Public Health*, 93(9), 1445-50.
- United Way 2014. *United Way ALICE Report – Florida*. <http://www.uwof.org/alice/>. UWPHI 2015. University of Wisconsin Population Health Institute (UWPHI). *County Health Rankings 2015*. www.countyhealthrankings.org.

ABBREVIATIONS

ACS – American Community Survey.

ALICE – Asset Limited, Income Constrained, Employed households (United Way 2014).

BRFSS – Behavioral Risk Factor Surveillance System.

CDC – Centers for Disease Control and Prevention

CLRD – Chronic Lower Respiratory Disease

COPD – Chronic Obstructive Pulmonary Diseases

CHA – Community Health Assessment.

CHIP – Community Health Improvement Planning or Community Health Improvement Plan.

CHS Assessment – Community Health Status MAPP Assessment.

CTS Assessment – Community Themes and Strengths MAPP Assessment.

DHHS – US Department of Health and Human Services

DOH – Florida Department of Health.

DOH-Manatee – Florida Department of Health in Manatee County

FDLE – Florida Department of Law Enforcement.

FL DOE – Florida Department of Education.

Florida CHARTS – Florida Department of Health, Community Health Assessment Resource Tool Set.

FoC Assessment – Forces of Change MAPP Assessment.

FPHI – Florida Public Health Institute.

FYTS 2014 – Florida Youth Tobacco Survey.

FYSAS – Florida Youth Substance Abuse Survey.

HIV/AIDS – Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome.

LPHS Assessment – Local Public Health System MAPP Assessment.

MAPP – Mobilizing for Action through Planning and Partnership.

MCCS – Manatee County Government, Community Services Department.

MHCA – Manatee Healthcare Alliance.

NACCHO – National Association of County and City Health Officials.

NIDA – National Institute on Drug Abuse.

NPHPS – National Public Health Performance Standards.

PHAB – Public Health Accreditation Board.

STIs – Sexually Transmitted Infections.

WHO – World Health Organization.

YPLL – Years of Potential Life Lost.

WHO 1986. World Health Organization. *Ottawa Charter for Health Promotion.*